REMARKS

Claims 1-8, 11-14 and 16-20 remain pending in the instant application. No amendments have been made. Applicants respond below to the specific rejections set forth in the Final Office Action mailed December 13, 2004.

Rejection under 35 U.S.C. §101 – Utility

The PTO has maintained the rejection of Claims 1-8, 11-14 and 16-20 under 35 U.S.C. § 101 as lacking patentable utility for the reasons of record on pages 2 and 3 of the previous Office Action. The PTO argues that the amendment to the claims adding the functional limitation is not sufficient to establish utility for the claimed invention.

Specifically, according to the PTO, Applicants' previous arguments regarding utility were not persuasive. The PTO argues that utility requires that the skilled artisan be able to use the claimed invention, and that the specification does not provide a specific and substantial or a well-established use. The PTO further argues that Applicants have provided only a single analysis without any relative range for basing a utility of underexpression. The PTO asserts that it "is not disclosed what type(s) of lung or stomach tumor was analyzed," and that it "is not clear if the findings can be generalized to all tumors from that tissue type." Also, the PTO argues that the skilled artisan would not know if the results were significant or under what conditions the difference in expression could be detected.

The PTO makes various other arguments on page 4 of the Final Office Action, including:

> [W]ithout knowing the range of variation there is insufficient guidance. If a clinician took a stomach tissue sample from a patient with a suspected stomach cancer, what is the likelihood that when compared with normal tissue, the level of nucleic acid of SEQ ID NO:77 from the patient would be lower? How many samples would be needed? What sensitivity would be needed? Would the normal tissue have to be a pooled sample or could it be from a single individual?

The PTO further argues that "[t]he statement that the relative difference in expression is what is important is generally true, but without more specifics about necessary sample size, expression level range for normal and tumor tissues, types of stomach or lung tissue that can be used, and other questions, the specification has not provided the invention in a form readily usable by the skilled [artisan] such that significant further experimentation was unnecessary."

With regard to the correlation between nucleic acid expression and expression of the corresponding protein, the PTO also continues to argue that there is no evidence that the polypeptide of PRO1357 is underexpressed in stomach tumors or lung tumors. In support the PTO argues that the data are insufficient because only relative expression data was presented. The PTO argues that there is no evidentiary support to the assertions by Dr. Polakis that it remains the central dogma in molecular biology that increased mRNA levels are predictive of corresponding increased levels of the encoded polypeptide. Finally, the PTO references Hu et al. (2003, Journal of Proteome Research 2:405-412) as refuting Applicants assertions regarding the correlation between nucleic acid expression and polypeptide expression.

Applicants reiterate that the claimed invention has utility in diagnosing cancer, specifically in the diagnosis of stomach cancer and lung cancer. The specification in Example 18 discloses data showing that the nucleic acid of SEQ ID NO:77 is more highly expressed in normal stomach tissue or normal lung tissue compared to stomach tumor or lung tumor, respectively. The data in Example 18 is more than sufficient to satisfy the correct utility standard under 35 U.S.C. § 101. Nonetheless, Applicants have provided various declarations by those of skill in the art, literature references, and textbook passages further supporting the claimed utility. The references cited by the PTO to refute the claimed utility do not actually support a lack of utility. In view of this and the discussion below, Applicants respectfully submit that the claimed nucleic acids have a credible, substantial, and specific utility.

Utility need NOT be proven to an Absolute Certainty – a Correlation between the Evidence and the Asserted Utility is Sufficient

Compliance with 35 U.S.C. § 101 is a question of fact. *Raytheon v. Roper*, 724 F.2d 951, 956, 220 USPQ 592, 596 (Fed. Cir. 1983) cert. denied, 469 US 835 (1984). The evidentiary standard to be used throughout *ex parte* examination in setting forth a rejection is a preponderance of the evidence, or "more likely than not" standard. *In re Oetiker*, 977 F.2d 1443, 1445, 24 USPQ2d 1443, 1444 (Fed. Cir. 1992). This is stated explicitly in the M.P.E.P.:

> [T]he applicant does not have to provide evidence sufficient to establish that an asserted utility is true "beyond a reasonable doubt." Nor must the applicant provide evidence such that it establishes an asserted utility as a matter of statistical certainty. Instead, evidence will be sufficient if, considered as a whole,

> it leads a person of ordinary skill in the art to conclude that the asserted utility is more likely than not. M.P.E.P. at § 2107.02, part VII (2004) (emphasis in original, internal citations omitted).

The PTO has the initial burden to offer evidence "that one of ordinary skill in the art would reasonably doubt the asserted utility." *In re Brana*, 51 F.3d 1560, 1566, 34 U.S.P.Q.2d 1436 (Fed. Cir. 1995). Only then does the burden shift to the Applicant to provide rebuttal evidence. *See id.* As stated in the M.P.E.P., such rebuttal evidence does not need to absolutely prove that the asserted utility is real. Rather, the evidence only needs to be reasonably indicative of the asserted utility.

In *Fujikawa v. Wattanasin*, 93 F.3d 1559, 39 U.S.P.Q.2d 1895 (Fed. Cir. 1996), the Court of Appeals for the Federal Circuit upheld a PTO decision that *in vitro* testing of a novel pharmaceutical compound was sufficient to establish practical utility, stating the following rule:

> [T]esting is often required to establish practical utility. But the test results **need not absolutely prove** that the compound is pharmacologically active. All that is required is that the tests be "*reasonably* indicative of the desired [pharmacological] response." In other words, there must be **a sufficient correlation** between the tests and an asserted pharmacological activity so as to convince those skilled in the art, **to a reasonable probability**, that the novel compound will exhibit the asserted pharmacological behavior." *Fujikawa v. Wattanasin*, 93 F.3d 1559, 1564, 39 U.S.P.Q.2d 1895 (Fed. Cir. 1996) (internal citations omitted, bold emphasis added, italics in original).

While the *Fujikawa* case was in the context of utility for pharmaceutical compounds, the principles stated by the Court are applicable in the instant case where the asserted utility is for a diagnostic use – utility does not have to be established to an absolute certainty, rather, the evidence must convince a person of skill in the art "to a reasonable probability." In addition, the evidence need not be direct, so long as there is a "sufficient correlation" between the tests performed and the asserted utility.

Here, as discussed more fully below, the evidence of record, including the declarations by those of skill in the art and the teachings of the specification, is convincing to a person of skill in the art "to a reasonably probability."

The Court in *Fujikawa* relied in part on its decision in *Cross v. Iizuka*, 753 F.2d 1040, 224 U.S.P.Q. 739 (Fed. Cir. 1985). In *Cross*, the Appellant argued that basic *in vitro* tests conducted in cellular fractions did not establish a practical utility for the claimed compounds. Appellant argued that more sophisticated *in vitro* tests using intact cells, or *in vivo* tests, were

necessary to establish a practical utility. The Court in *Cross* rejected this argument, instead favoring the argument of the Appellee:

> [*I*]*n vitro* results...are generally predictive of *in vivo* test results, i.e., there is a **reasonable correlation** therebetween. Were this not so, the testing procedures of the pharmaceutical industry would not be as they are. [Appellee] has not urged, and rightly so, that there is an invariable exact correlation between *in vitro* test results and *in vivo* test results. Rather, [Appellee's] position is that successful *in vitro* testing for a particular pharmacological activity establishes a **significant probability** that *in vivo* testing for this particular pharmacological activity will be successful. *Cross v. Ilzuka*, 753 F.2d 1040, 1050, 224 U.S.P.Q. 739 (Fed. Cir. 1985) (emphasis added).

The *Cross* case is very similar to the present case. Here, no additional sophisticated testing or further research is required to establish the utility of the claimed nucleic acids, the encoded polypeptides or the antibodies to the polypeptides in cancer diagnostics. As with *in vitro* testing in the pharmaceutical industry, those of ordinary skill in the art recognize to a reasonable probability that a showing of differential expression of mRNA in cancerous cells compared to normal cells indicates a real world utility in cancer diagnostics for the nucleic acids, their encoded polypeptides and the antibodies to the polypeptides. One of ordinary skill in the art would rely upon the differential expression data in Example 18 as reasonably indicating a real world use for the claimed nucleic acids. Those of ordinary skill in the art recognize a reasonable correlation between differential expression in cancerous versus non-cancerous cells and utility in distinguishing between those cells.

Also, as in *Cross*, Applicants here do not argue that there is "an invariable exact correlation" between differential expression and diagnostic markers. Instead, Applicants' position detailed below is that the data in Example 18 are reliable and significant, as well as more than sufficient to establish a "significant probability" that the differential expression of the nucleic acids and PRO1357 polypeptides in cancerous versus non-cancerous tissue provides diagnostic utility for the same based on "a reasonable correlation therebetween." In order to satisfy the proper utility standard, no further research or testing is required. One of skill in the art more likely than not would recognize utility for the claimed nucleic acids based upon the differential expression data in Example 18.

Also, those of skill in the field of biotechnology rely on the reasonable correlation that exists between gene expression and protein expression (see below). Were there no reasonable

correlation between the two, the techniques that measure gene levels such as microarray analysis, differential display, and quantitative PCR would not be so widely used by those in the art. As in *Cross*, Applicants here do not argue that there is "an invariable exact correlation" between gene expression and protein expression. Instead, Applicants' position detailed below is that a measured change in gene expression in cancer cells establishes a "significant probability" that the expression of the encoded polypeptide in cancer will also be changed based on "a reasonable correlation therebetween."

Even assuming that the PTO has met its initial burden to offer evidence that one of ordinary skill in the art would reasonably doubt the truth of the asserted utility, Applicants assert that they have met their burden of providing rebuttal evidence such that it is more likely than not those skilled in the art, to a reasonable probability, would believe that the claimed nucleic acids, the PRO1357 polypeptides and antibodies thereto are useful as diagnostic tools for stomach and lung cancer. Applicants further address and rebut the specific points raised by the Examiner in the Final Office Action.

The Differential Expression of the PRO1357 mRNA confers Utility upon the Claimed Nucleic Acids and the PRO1357 Polypeptide

Applicants submit that the evidence of record demonstrates a substantial and specific utility for the claimed nucleic acids. No additional testing is required to establish to "a reasonable probability" the utility of the claimed nucleic acids in cancer diagnostics. Those of skill in the art recognize a "real world" utility based upon the data set forth in the application as filed. As set forth in Example 18, PRO1357 nucleic acids are more highly expressed in normal stomach tissue or normal lung tissue compared to stomach tumor or lung tumor, respectively. Thus, one of skill in the art would recognize that it is more likely than not that the PRO1357 polypeptide is more highly expressed in normal stomach tissue or normal lung tissue compared to stomach tumor or lung tumor, respectively. It is this differential expression of the nucleic acids and the polypeptides in the respective cancer and non-cancerous cells that makes the claimed nucleic acids, the encoded polypeptides and the antibodies to the polypeptides useful in the diagnosis of cancer, as it serves as the basis for detecting a difference between cancerous and non-cancerous cells.

Nonetheless, the PTO continues to argue that the data in Example 18 are insufficient and do not provide an immediate use for the claimed subject matter. Applicants strongly disagree. The MPEP states:

> Office personnel must be careful not to interpret the phrase 'immediate benefit to the public' or similar formulations in other cases to mean that products or services based on the claimed invention must be 'currently available' to the public in order to satisfy the utility requirement. *See, e.g., Brenner v. Manson*, 383 U.S. 519, 534-35, 148 USPQ 689, 695 (1966). Rather, any reasonable use that an applicant has identified for the invention that can be viewed as providing a public benefit should be accepted as sufficient, at least with regard to defining a 'substantial' utility. Courts have repeatedly found that the mere <u>identification</u> of a pharmacological activity of a compound that is relevant to an asserted pharmacological use provides an 'immediate benefit to the public' and thus satisfies the utility requirement. *See Nelson v. Bowler* 626 F.2d 853, 856, 206 USPQ 881, 883 (CCPA 1980).

M.P.E.P. at § 2107.01

The data in Example 18 are sufficient to provide an "immediate benefit to the public" or a "real world" use. Applicants have identified molecules that can be used as cancer markers. This knowledge provides an immediate public benefit. Under § 101 the utility does not have to be an FDA approved use, one that is ready for commercial sale, or even one that is ready for clinical use. Use as a cancer marker based upon the differential expression data in Example 18 is sufficient for utility under § 101. The data show that the nucleic acids encoding the PRO1357 polypeptide are differentially expressed in stomach and lung tissue compared to cancerous stomach and lung tissue, respectively. Example 18 explains that standard techniques and controls were utilized. Specifically, the widely accepted technique of PCR was used to determine "whether the polynucleotides tested were more highly expressed, less expressed, or whether expression remained the same in tumor tissue as compared to its normal counterpart." Furthermore, the first Grimaldi Declaration explains the techniques and protocols, stating that the gene expression studies reported in Example 18 of the instant application were performed using pooled samples of normal and of tumor tissues. With regard to reliability, Mr. Grimaldi explains that:

> The DNA libraries used in the gene expression studies were made from pooled samples of normal and of tumor tissues. Data from pooled samples is more likely to be accurate than data obtained from a sample from a single individual. That is, the detection of variations in gene expression is likely to represent a more generally relevant condition when pooled samples from normal tissues are

compared with pooled samples from tumors in the same tissue type. (Paragraph 5).

Furthermore, the Declaration of Grimaldi explained the significance of the results and that the methodology utilized in Example 18 indicates that the difference in expression levels between normal and cancerous cells is at least two fold. In paragraphs 6 and 7, Mr. Grimaldi explains that the semi-quantitative analysis employed to generate the data of Example 18 is sufficient to determine if a gene is over- or underexpressed in tumor cells compared to corresponding normal tissue. "Because this technique relies on the visual detection of ethidium bromide staining of PCR products on agarose gels, it is reasonable to assume that any detectable differences seen between two samples will represent at least a two fold difference in cDNA." He also states that the results of the gene expression studies indicate that the genes of interest "can be used to differentiate tumor from normal." He explains that "[t]he precise levels of gene expression are irrelevant; what matters is that there is a relative difference in expression between normal tissue and tumor tissue." (Paragraph 7). Thus, since it is the relative level of expression between normal tissue and suspected cancerous tissue that is important, the precise level of expression in normal tissue is irrelevant. Likewise, there is no need for additional quantitative data to compare the level of expression in normal and tumor tissue. As Mr. Grimaldi states, "**If a difference is detected, this indicates that the gene and its corresponding polypeptide and antibodies against the polypeptide are useful for diagnostic purposes, to screen samples to differentiate between normal and tumor** (emphasis added)." Thus, there is guidance as to the levels of expression, particularly, that at a minimum, there is at least a two fold difference between the expression levels in cancerous cells compared to the corresponding non-cancerous cells. Therefore, contrary to the conclusions in the Final Office Action, Applicants have established that one of skill in the relevant art would recognize that there is a real world significance to the differential expression data set forth in the specification, and that a reasonable correlation exists between the data and the claimed nucleic acids in cancer diagnostics.

Despite the presented data, the various declarations and the submitted literature references in support, many of the arguments made by the PTO attempt to refute the operability of the claimed invention.

Applicants remind the PTO that:

> A small degree of utility is sufficient . . . The claimed invention must only be capable of performing some beneficial function . . . An invention does not lack utility merely because the particular embodiment disclosed in the patent lacks perfection or performs crudely . . . A commercially successful product is not required . . . Nor is it essential that the invention accomplish all its intended functions . . . or operate under all conditions . . . partial success being sufficient to demonstrate patentable utility . . . In short, the defense of non-utility cannot be sustained without proof of total incapacity. *See E.I. du Pont De Nemours and Co. v. Berkley and Co.*, 620 F.2d 1247, 1260 n.17, 205 USPQ 1, 10 n.17 (8th Cir. 1980). If an invention is only partially successful in achieving a useful result, a rejection of the claimed invention as a whole based on a lack of utility is not appropriate. *See In re Brana*, 51 F.3d 1560, 34 USPQ2d 1436 (Fed. Cir. 1995); *In re Gardner*, 475 F.2d 1389, 177 USPQ 396 (CCPA), *reh'g denied*, 480 F.2d 879 (CCPA 1973); *In re Marzocchi*, 439 F.2d 220, 169 USPQ 367 (CCPA 1971).

M.P.E.P. at § 2107.01 (Emphasis in original).

Here, the claimed subject matter can be used by those of skill in the art to differentiate cancerous versus non-cancerous stomach and lung cells. Thus, the claimed subject matter is operative and the various questions raised by the PTO do not defeat the utility under § 101.

For these reasons, Applicants submit that one of ordinary skill in the art would reasonably recognize the utility of the claimed nucleic acids.

Applicants have Established that the Accepted Understanding in the Art is that there is a Direct Correlation between Comparative mRNA Levels and the Level of Expression of the Encoded Protein in Normal versus Cancerous Tissue

Applicants maintain that it is more likely than not that the encoded polypeptide is more highly expressed in normal stomach tissue or normal lung tissue compared to stomach tumor or lung tumor tissue respectively. Applicants reiterate that the evidence of record establishes a correlation between mRNA expression and protein expression. As stated above, the standard for utility is not absolute certainty, but rather whether one of skill in the art would be more likely than not to believe the asserted utility. The working hypothesis among those skilled in the art is that there is a direct correlation between mRNA levels and protein levels. Despite some teachings in the art of certain genes that do not fit within this paradigm, which are exceptions rather than the rule, in the vast majority of cases, the combined teachings in the art, exemplified by the previously submitted papers, for example by Orntoft et al., Hyman et al. and Pollack et al. and the previously submitted Grimaldi and Polakis declarations, overwhelmingly teach that gene

expression influences mRNA expression and protein levels. Thus, one of skill in the art would reasonably expect, in this instance, based on the gene expression data for the PRO1357 gene, that the PRO1357 protein is concomitantly over-expressed in normal stomach tissue compared to stomach tumor tissue, and in normal lung tissue compared to lung tumor tissue.

The statements of Grimaldi and Polakis are further supported by the teachings of two leading textbooks. Molecular Biology of the Cell is a leading cell biology textbook in the field (Bruce Alberts, *et al.*, Molecular Biology of the Cell (4^{th} ed. 2002), submitted herewith as Exhibit 1). Figure 6-3 on page 302 illustrates the basic principle that there is a correlation between increased gene expression and increased protein expression. The accompanying text states that "a cell can change (or regulate) the expression of each of its genes according to the needs of the moment – *most obviously by controlling the production of its mRNA*." Molecular Biology of the Cell at 302, emphasis added. Similarly, figure 6-90 on page 364 illustrates the path from gene to protein. The accompanying text states that while potentially each step can be regulated by the cell, "the initiation of transcription is the most common point for a cell to regulate the expression of each of its genes." Molecular Biology of the Cell at 364. This point is repeated on page 379, where the authors state that of all the possible points for regulating protein expression, "[f]or most genes transcriptional controls are paramount." Molecular Biology of the Cell at 379.

Also, support for Applicants' position can be found in the Lewin textbook (Genes VI (1997) CH 29, pp. 847-848; submitted herewith as Exhibit 2) which also states that "having acknowledged that control of gene expression can occur at multiple stages, and that production of RNA cannot inevitably be equated with production of protein, <u>it is clear that the overwhelming majority of regulatory events occur at the initiation of transcription</u>" (emphasis added).

Still more support is found in Zhigang *et al.*, World Journal of Surgical Oncology 2:13, 2004, submitted herewith as Exhibit 3. Zhigang studied the expression of prostate stem cell antigen (PSCA) protein and mRNA to validate it as a potential molecular target for diagnosis and treatment of human prostate cancer. The data showed "a high degree of correlation between PSCA protein and mRNA expression" (see page 4 of Exhibit 3). Of the samples tested, 81 out of 87 showed a high degree of correlation between mRNA expression and protein expression. The authors conclude that "it is demonstrated that PSCA protein and mRNA overexpressed in human prostate cancer, and that the increased protein level of PSCA was resulted from the upregulated

transcription of its mRNA." Exhibit 3, page 6. Even though the correlation between mRNA expression and protein expression occurred in 93% of the samples tested, not 100%, the authors state that "PSCA may be a promising molecular marker for the clinical prognosis of human Pca and a valuable target for diagnosis and therapy of this tumor." Exhibit 3, page 7.

Further, Meric *et al.*, Molecular Cancer Therapeutics, vol. 1, 971-979 (2002), submitted herewith as Exhibit 4, states the following:

> The **fundamental principle** of molecular therapeutics in cancer is to exploit the differences in gene expression between cancer cells and normal cells...[M]ost efforts have concentrated on identifying differences in gene expression at the level of mRNA, which can be attributable to either DNA amplification or to differences in transcription. Meric *et al.* at 971 (emphasis added).

This statement provides additional support for Applicants' asserted utility. It is true that there is no *necessary* correlation between gene expression and protein expression because there are other mechanisms for regulating gene expression. However, were there no significant correlation between gene expression and protein levels, exploiting differences in gene expression between cancer cells and normal cells would not be a "fundamental principle of molecular therapeutics in cancer." Moreover, as mentioned above, Applicants need not establish a *necessary* connection between gene expression and protein expression. Rather, there need only be a *reasonable* correlation between the evidence offered and the asserted utility such that it is more likely than not that a person of skill in the art would be convinced, to a reasonable probability, that the asserted utility is true.

The PTO relies on Hu et al. (J. Proteome Res., 2(4):405-12 (2003)) to support its assertion that the literature cautions researchers from drawing conclusions based on small changes in transcript expression levels between normal and cancerous tissue. Applicants respectfully submit that Hu does not satisfy the PTO's burden to offer evidence that one of ordinary skill in the art would reasonably doubt the truth of the asserted utility.

In Hu, the researchers used an automated literature-mining tool to summarize and estimate the relative strengths of all human gene-disease relationships published on Medline. They then generated a microarray expression dataset comparing breast cancer and normal breast tissue. Using their data-mining tool, they looked for a correlation between the strength of the literature association between the gene and breast cancer, and the magnitude of the difference in expression level. They report that for genes displaying a 5-fold change or less in tumors

compared to normal, there was no evidence of a correlation between altered gene expression and a *known* role in the disease. *See* Hu at 411. However, among genes with a 10-fold or more change in expression level, there was a strong correlation between expression level and a *published* role in the disease. *See id.* at 412. Importantly, Hu reports that the observed correlation was only found among estrogen receptor-positive tumors, not ER-negative tumors. *See id.*

The general findings of Hu are not surprising – one would expect that genes that have the greatest change in expression in a disease would be the first targets of research, and therefore have the strongest *known* relationship to the disease as measured by the number of reports of a connection in the literature. But this does not mean that genes, and their corresponding proteins, with a lower level of change in expression are not important or cannot be used as molecular markers of the disease. This is demonstrated by the fact that ER-negative tumors did not show a correlation. The correlation reported in Hu only indicates that the greater the change in expression level, the more likely it is that there is a *published* or *known* role for the gene in the disease, as found by their automated literature-mining software. Nowhere in Hu does it say that a lack of correlation in their study means that the genes, and their corresponding proteins, with a less than five-fold change in level of expression in cancer cannot serve as a molecular marker of cancer. Genes with lower levels of change in expression may or may not be the most important genes in causing the disease, but the genes and their corresponding proteins can still show a consistent and measurable change in expression. While such genes and polypeptides may or may not be good targets for further research, they can nonetheless be used as diagnostic tools. Thus, Hu does not refute the Applicants' assertion that the PRO1357 polypeptide, and its encoding nucleic acid, can be used as a cancer diagnostic tool because they are differentially expressed in certain tumors.

Thus, the reference cited by the PTO as evidence that no such general understanding exists does not in any way support the PTO's arguments. Accordingly, Applicants respectfully submit that the totality of the evidence clearly supports the conclusion that one of skill in the art understands that, more likely than not, levels of mRNA directly correlate with levels of corresponding proteins.

Together, the declarations of Grimaldi and Polakis, the accompanying references, as well as the other submitted excerpts and literature references, all establish that the accepted

understanding in the art is that there is a reasonable correlation between changes in gene expression and the level of the encoded protein. Despite some teachings in the art of certain genes that do not fit within this paradigm which are exceptions rather than the rule, <u>in the vast majority of cases</u>, the combined teachings in the art, exemplified by cited references and the Grimaldi and Polakis declarations, overwhelmingly teach that gene expression influences mRNA expression and protein levels. Considering that utility does not have to be proven to an absolute certainty, Applicants submit they have provided sufficient evidence to show a reasonable correlation between mRNA expression and the level of PRO1357 protein. In light of the lack of support for any argument by the PTO to the contrary, Applicants submit that they have established that it is more likely than not that one of skill in the art would believe that because the PRO1357 mRNA is more highly expressed in normal stomach tissue and normal lung tissue compared to stomach tumor tissue and lung tumor tissue, respectively, the PRO1357 polypeptide will also be more highly expressed in normal stomach tissue and normal lung tissue compared to stomach tumor tissue and lung tumor tissue, respectively. One of skill in the art would recognize that a nucleic acid or polypeptide which is differentially expressed in certain cancer cells compared to the corresponding normal tissue would have utility as a diagnostic tool to screen between normal and tumor tissue samples. Thus, Applicants submit that they have established that it is more likely than not that one of skill in the art would recognize the asserted utility of the differentially expressed nucleic acids, the PRO1357 polypeptides, and the antibodies as diagnostic tools for both stomach and lung tumors.

Conclusion

As set forth above, Applicants have established that the ordinary skilled artisan recognizes the sufficiency of the correlation between the differential expression data in Example 18 and use in distinguishing between cell types (cancerous versus non-cancerous) so as to convince the skilled artisan to a reasonable probability that the claimed nucleic acids are useful as a screening tool in cancer diagnostics. Applicants have rebutted all of the arguments set forth in the Final Office Action regarding this matter.

Also, Applicants have provided additional evidence in support of the correlation between DNA expression and protein expression.

Thus, given the totality of the evidence provided, Applicants submit that they have established a substantial, specific, and credible utility for the claimed nucleic acids, the encoded PRO1357 polypeptides, and the antibodies to the polypeptides as diagnostic agents. According to the PTO Utility Examination Guidelines (2001), irrefutable proof of a claimed utility is <u>not</u> required. Rather, a specific, substantial, and credible utility requires only a "reasonable" confirmation of a real world context of use. Applicants submit that they have established that it is more likely than not that one of skill in the art would reasonably accept the utility for the claimed nucleic acids set forth in the specification. Applicants believe that they have met their burden of establishing a specific and substantial credible utility for the claimed invention.

In view of the above, Applicants respectfully request that the PTO reconsider and withdraw the utility rejection under 35 U.S.C. §101.

<u>Rejection under 35 U.S.C. §112, first paragraph – Enablement</u>

The PTO has maintained the rejection of Claims 1-8, 11-14 and 16-20 as lacking enablement under 35 U.S.C. § 112, first paragraph. According to the Examiner, because the claimed invention is not supported by either a substantial asserted utility or a well established utility, one of skill in the art would not know how to use the invention.

Applicants believe that the evidence, declarations, references, and arguments discussed above make clear that Applicants have established that one of skill in the art would be convinced, to a reasonable probability, that the claimed nucleic acids have utility as diagnostic tools for screening tissue to detect stomach and lung tumors. This would include the use of the encoded PRO1357 polypeptides to create diagnostic and therapeutic antibodies. This use is disclosed in the application, and the techniques for the creation of antibodies are well known and routine in the art. Thus, at least one use of claimed nucleic acids, the encoded PRO1357 polypeptides and the antibodies is adequately enabled, which is all that is required – "if any use is enabled when multiple uses are disclosed, the application is enabling for the claimed invention." M.P.E.P. 2164.01(c). In view of the above, Applicants respectfully request that the Examiner reconsider and withdraw the enablement rejection under 35 U.S.C. § 112, first paragraph.

Rejection under 35 U.S.C. §112, first paragraph – Written Description

The PTO has maintained the rejection of Claims 1-5, 14 and 16-20 under 35 U.S.C. §112, first paragraph, as containing subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the art that the inventors, at the time the application was filed, had possession of the invention. The PTO argues that nucleic acids that are non-identical to SEQ ID NO:77 with the claimed expression pattern are not described. Applicants respectfully disagree.

Applicants maintain that in view of the combination of the functional limitation that the claimed nucleic acids are more highly expressed in normal stomach tissue or normal lung tissue compared to stomach tumor or lung tumor, respectively, or that the isolated nucleic acids encode a polypeptide that is more highly expressed in normal stomach or normal lung tissue compared to stomach tumor or lung tumor, respectively, and the limitation that the claimed nucleic acids have a specified degree of homology to SEQ ID NO: 77 or hybridize to SEQ ID NO: 77, there is not substantial variability within the species which fall within the scope of the claim. Applicants note that the lack of substantial variability for the instant claims is analogous to the situation in Example 9 and Example 14 of the written description training materials where the written description requirement was found to be satisfied.

In Example 9 of the written description training materials, the written description requirement was found to be satisfied with respect to claims reciting polynucleotides which hybridize to particular nucleic acids under stringent conditions even though the specification did not contain a working example clearly demonstrating the existence of homologous nucleic acids. In Example 14 of the written description training materials, the written description requirement was found to be satisfied for claims relating to polypeptides having 95% homology to a particular sequence and possessing a particular catalytic activity even though the applicant had not made any variants. Furthermore, while Applicants appreciate that actions taken by the PTO in other applications are not binding with respect to the examination of the present application, Applicants note that the PTO has issued many patents containing claims to variant nucleic acids or variant proteins where the applicants did not actually make such nucleic acids or proteins. Representative patents include U.S. Patent No: 6,737,522, U.S. Patent No: 6,395,306, U.S. Patent No: 6,025,156, U.S. Patent No: 6,645,499, U.S. Patent No. 6,498,235, and U.S. Patent No. 6,730,502 which are attached hereto as Exhibits 5-10.

Furthermore, Applicants again note that the present claims pertain to the field of recombinant DNA/protein technology. It is well established that the level of skill in this field is very high. Accordingly, the teaching imparted in the specification must be evaluated through the eyes of a highly skilled artisan as of the date the invention was made. Also, variant polynucleotides and variant polypeptides are described in the specification at paragraphs [0199]-[0220]. Variant polypeptides are also discussed at paragraphs [0256]-[0271]. Furthermore, Applicants maintain that the determination of whether a polynucleotide is more highly expressed in one tissue compared to another entails routine methodology such as Western Blotting, Northern Blotting or PCR.

As discussed above, Applicants maintain that in view of combination of the functional limitation and the limitation that the claimed nucleic acids have a specified degree of homology to SEQ ID NO: 77 or hybridize to SEQ ID NO: 77, there is not substantial variability within the species which fall within the scope of the claim. In view of that combined with the description in the specification and the high level of skill in the art, Applicants submit that one of skill in the art would recognize that Applicants possessed the invention as claimed in the instant claims. Hence, Applicants maintain that the written description requirement is satisfied and Applicants respectfully request that the PTO reconsider and withdraw the written description rejection under 35 U.S.C. §112.

<u>Rejection under 35 U.S.C. §102(b) – Anticipation</u>

Claims 1-8, 11-14 and 16-20 remain rejected under 35 U.S.C. § 102(b) as being anticipated by WO 01/16318 and WO 00/12708.

The cited reference WO 01/16318 is the PCT publication of priority application PCT/US00/23328 filed August 24, 2000. Applicants are entitled to the benefit of priority to PCT/US00/23328 because the data in Example 18 were disclosed in PCT/US00/23328. As discussed above, the instant claims have utility based upon the data in Example 18. Therefore, because the claims are entitled to the filing date of August 24, 2000, WO 01/16318 is not prior art under § 102(b).

WO 00/12708 was published on March 9, 2000, which is less than one year before the filing of priority application PCT/US00/23328 (August 24, 2000). Again, PCT/US00/23328 discloses the differential expression data which provides utility for the instant claims, and

Applicants are entitled to the filing date of August 24, 2000. Therefore, WO 00/12708 cannot be cited under § 102(b).

In view of the above discussion, reconsideration and withdrawal of the rejection under § 102(b) is respectfully requested.

CONCLUSION

In view of the above, Applicants respectfully maintain that claims are patentable and request that they be passed to issue. Applicants invite the Examiner to call the undersigned if any remaining issues may be resolved by telephone.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 2/10/05

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MOLECULAR BIOLOGY OF THE CELL

fourth edition

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Garland Science
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Front cover Human Genome: Reprinted by permission from *Nature*, International Human Genome Sequencing Consortium, 409:860–921, 2001 © Macmillan Magazines Ltd. Adapted from an image by Francis Collins, NHGRI; Jim Kent, UCSC; Ewan Birney, EBI; and Darryl Leja, NHGRI; showing a portion of Chromosome 1 from the initial sequencing of the human genome.

Back cover In 1967, the British artist Peter Blake created a design classic. Nearly 35 years later Nigel Orme (illustrator), Richard Denyer (photographer), and the authors have together produced an affectionate tribute to Mr Blake's image. With its gallery of icons and influences, its assembly created almost as much complexity, intrigue and mystery as the original. *Drosophila*, *Arabidopsis*, Dolly and the assembled company tempt you to dip inside where, as in the original, "a splendid time is guaranteed for all." (Gunter Blobel, courtesy of The Rockefeller University; Marie Curie, Keystone Press Agency Inc; Darwin bust, by permission of the President and Council of the Royal Society; Rosalind Franklin, courtesy of Cold Spring Harbor Laboratory Archives; Dorothy Hodgkin, © The Nobel Foundation, 1964; James Joyce, etching by Peter Blake; Robert Johnson, photo booth self-portrait early 1930s, © 1986 Delta Haze Corporation all rights reserved, used by permission; Albert L. Lehninger, (unidentified photographer) courtesy of The Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions; Linus Pauling, from Ava Helen and Linus Pauling Papers, Special Collections, Oregon State University; Nicholas Poussin, courtesy of ArtToday.com; Barbara McClintock, © David Micklos, 1983; Andrei Sakharov, courtesy of Elena Bonner; Frederick Sanger, © The Nobel Foundation, 1958.)

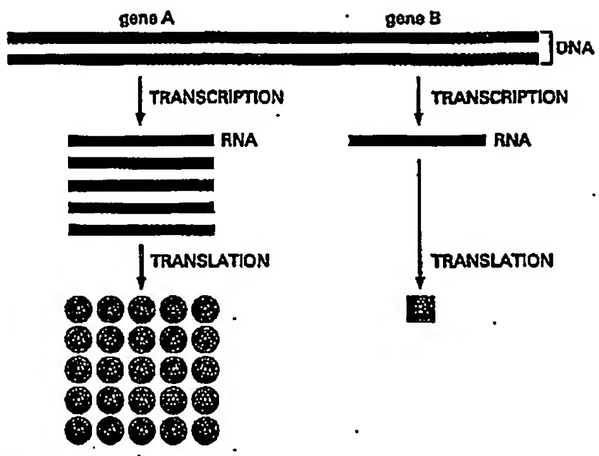

Figure 6–3 Genes can be expressed with different efficiencies. Gene A is transcribed and translated much more efficiently than gene B. This allows the amount of protein A in the cell to be much greater than that of protein B.

FROM DNA TO RNA

Transcription and translation are the means by which cells read out, or express, the genetic instructions in their genes. Because many identical RNA copies can be made from the same gene, and each RNA molecule can direct the synthesis of many identical protein molecules, cells can synthesize a large amount of protein rapidly when necessary. But each gene can also be transcribed and translated with a different efficiency, allowing the cell to make vast quantities of some proteins and tiny quantities of others (Figure 6–3). Moreover, as we see in the next chapter, a cell can change (or regulate) the expression of each of its genes according to the needs of the moment—most obviously by controlling the production of its RNA.

Portions of DNA Sequence Are Transcribed into RNA

The first step a cell takes in reading out a needed part of its genetic instructions is to copy a particular portion of its DNA nucleotide sequence—a gene—into an RNA nucleotide sequence. The information in RNA, although copied into another chemical form, is still written in essentially the same language as it is in DNA—the language of a nucleotide sequence. Hence the name **transcription**.

Like DNA, RNA is a linear polymer made of four different types of nucleotide subunits linked together by phosphodiester bonds (Figure 6–4). It differs from DNA chemically in two respects: (1) the nucleotides in RNA are *ribonucleotides*—that is, they contain the sugar ribose (hence the name *ribo*nucleic acid) rather than deoxyribose; (2) although, like DNA, RNA contains the bases adenine (A), guanine (G), and cytosine (C), it contains the base uracil (U) instead of the thymine (T) in DNA. Since U, like T, can base-pair by hydrogen-bonding with A (Figure 6–5), the complementary base-pairing properties described for DNA in Chapters 4 and 5 apply also to RNA (in RNA, G pairs with C, and A pairs with U). It is not uncommon, however, to find other types of base pairs in RNA: for example, G pairing with U occasionally.

Despite these small chemical differences, DNA and RNA differ quite dramatically in overall structure. Whereas DNA always occurs in cells as a double-stranded helix, RNA is single-stranded. RNA chains therefore fold up into a variety of shapes, just as a polypeptide chain folds up to form the final shape of a protein (Figure 6–6). As we see later in this chapter, the ability to fold into complex three-dimensional shapes allows some RNA molecules to have structural and catalytic functions.

Transcription Produces RNA Complementary to One Strand of DNA

All of the RNA in a cell is made by DNA transcription, a process that has certain similarities to the process of DNA replication discussed in Chapter 5.

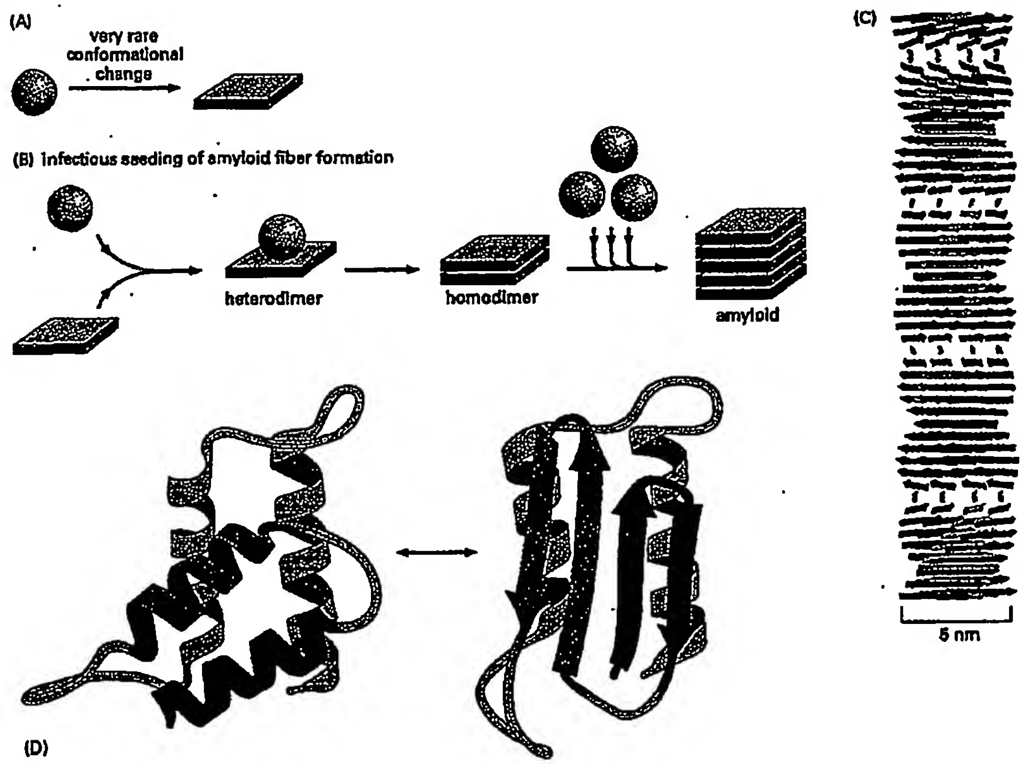

Figure 6–89 Protein aggregates that cause human disease. (A) Schematic illustration of the type of conformational change in a protein that produces material for a cross-beta filament. (B) Diagram illustrating the self-infectious nature of the protein aggregation that is central to prion diseases. PrP is highly unusual because the misfolded version of the protein, called PrP*, induces the normal PrP protein it contacts to change its conformation, as shown. Most of the human diseases caused by protein aggregation are caused by the overproduction of a variant protein that is especially prone to aggregation, but because this structure is not infectious in this way, it cannot spread from one animal to another. (C) Drawing of a cross-beta filament, a common type of protease-resistant protein aggregate found in a variety of human neurological diseases. Because the hydrogen-bond interactions in a β sheet form between polypeptide backbone atoms (see Figure 3–9), a number of different abnormally folded proteins can produce this structure. (D) One of several possible models for the conversion of PrP to PrP*, showing the likely change of two α-helices into four β-strands. Although the structure of the normal protein has been determined accurately, the structure of the infectious form is not yet known with certainty because the aggregation has prevented the use of standard structural techniques. (C, courtesy of Louise Serpell, adapted from M. Sunde et al., *J. Mol. Biol.* 273:729–739, 1997; D, adapted from S.B. Prusiner, *Trends Biochem. Sci.* 21:482–487, 1996.)

animals and humans. It can be dangerous to eat the tissues of animals that contain PrP*, as witnessed most recently by the spread of BSE (commonly referred to as the "mad cow disease") from cattle to humans in Great Britain.

Fortunately, in the absence of PrP*, PrP is extraordinarily difficult to convert to its abnormal form. Although very few proteins have the potential to misfold into an infectious conformation, a similar transformation has been discovered to be the cause of an otherwise mysterious "protein-only inheritance" observed in yeast cells.

There Are Many Steps From DNA to Protein

We have seen so far in this chapter that many different types of chemical reactions are required to produce a properly folded protein from the information contained in a gene (Figure 6–90). The final level of a properly folded protein in a cell therefore depends upon the efficiency with which each of the many steps is performed.

We discuss in Chapter 7 that cells have the ability to change the levels of their proteins according to their needs. In principle, any or all of the steps in Fig-

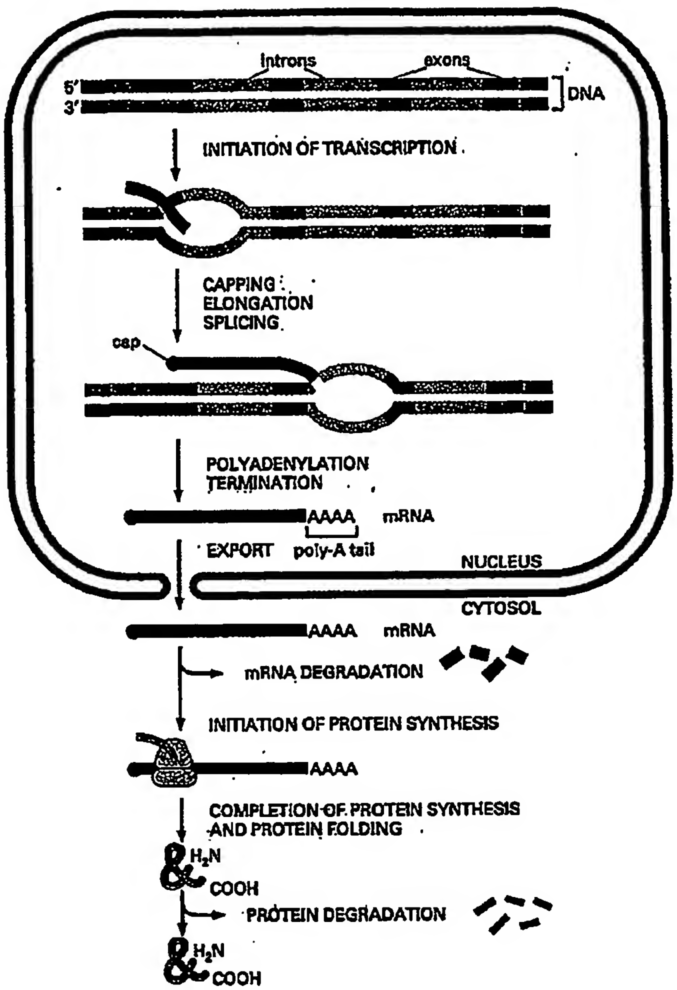

Figure 6–90 The production of a protein by a eucaryotic cell. The final level of each protein in a eucaryotic cell depends upon the efficiency of each step depicted.

ure 6–90) could be regulated by the cell for each individual protein. However, as we shall see in Chapter 7, the initiation of transcription is the most common point for a cell to regulate the expression of each of its genes. This makes sense, inasmuch as the most efficient way to keep a gene from being expressed is to block the very first step—the transcription of its DNA sequence into an RNA molecule.

Summary

The translation of the nucleotide sequence of an mRNA molecule into protein takes place in the cytoplasm on a large ribonucleoprotein assembly called a ribosome. The amino acids used for protein synthesis are first attached to a family of tRNA molecules, each of which recognizes, by complementary base-pair interactions, particular sets of three nucleotides in the mRNA (codons). The sequence of nucleotides in the mRNA is then read from one end to the other in sets of three according to the genetic code.

To initiate translation, a small ribosomal subunit binds to the mRNA molecule at a start codon (AUG) that is recognized by a unique initiator tRNA molecule. A large ribosomal subunit binds to complete the ribosome and begin the elongation phase of protein synthesis. During this phase, aminoacyl tRNAs—each bearing a specific amino acid bind sequentially to the appropriate codon in mRNA by forming complementary base pairs with the tRNA anticodon. Each amino acid is added to the C-terminal end of the growing polypeptide by means of a cycle of three sequential

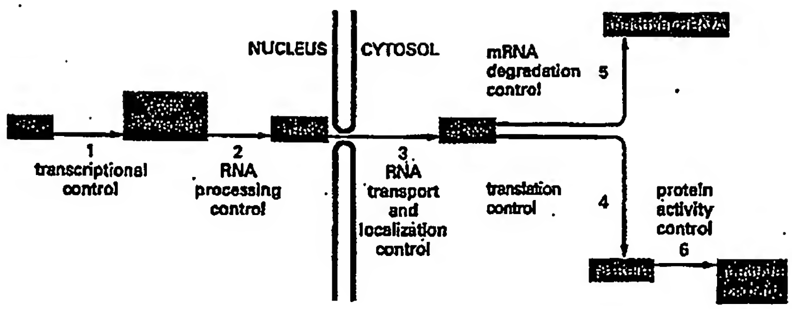

Figure 7–5 Six steps at which eucaryotic gene expression can be controlled. Controls that operate at steps 1 through 5 are discussed in this chapter. Step 6, the regulation of protein activity, includes reversible activation or inactivation by protein phosphorylation (discussed in Chapter 3) as well as irreversible inactivation by proteolytic degradation (discussed in Chapter 6).

Gene Expression Can Be Regulated at Many of the Steps in the Pathway from DNA to RNA to Protein

If differences among the various cell types of an organism depend on the particular genes that the cells express, at what level is the control of gene expression exercised? As we saw in the last chapter, there are many steps in the pathway leading from DNA to protein, and all of them can in principle be regulated. Thus a cell can control the proteins it makes by (1) controlling when and how often a given gene is transcribed (**transcriptional control**), (2) controlling how the RNA transcript is spliced or otherwise processed (**RNA processing control**), (3) selecting which completed mRNAs in the cell nucleus are exported to the cytosol and determining where in the cytosol they are localized (**RNA transport and localization control**), (4) selecting which mRNAs in the cytoplasm are translated by ribosomes (**translational control**), (5) selectively destabilizing certain mRNA molecules in the cytoplasm (**mRNA degradation control**), or (6) selectively activating, inactivating, degrading, or compartmentalizing specific protein molecules after they have been made (**protein activity control**) (Figure 7–5).

For most genes transcriptional controls are paramount. This makes sense because, of all the possible control points illustrated in Figure 7–5, only transcriptional control ensures that the cell will not synthesize superfluous intermediates. In the following sections we discuss the DNA and protein components that perform this function by regulating the initiation of gene transcription. We shall return at the end of the chapter to the additional ways of regulating gene expression.

Summary

The genome of a cell contains in its DNA sequence the information to make many thousands of different protein and RNA molecules. A cell typically expresses only a fraction of its genes, and the different types of cells in multicellular organisms arise because different sets of genes are expressed. Moreover, cells can change the pattern of genes they express in response to changes in their environment, such as signals from other cells. Although all of the steps involved in expressing a gene can in principle be regulated, for most genes the initiation of RNA transcription is the most important point of control.

DNA-BINDING MOTIFS IN GENE REGULATORY PROTEINS

How does a cell determine which of its thousands of genes to transcribe? As mentioned briefly in Chapters 4 and 6, the transcription of each gene is controlled by a regulatory region of DNA relatively near the site where transcription begins. Some regulatory regions are simple and act as switches that are thrown by a single signal. Many others are complex and act as tiny microprocessors, responding to a variety of signals that they interpret and integrate to switch the neighboring gene on or off. Whether complex or simple, these switching devices

occur in the germ line, the cell lineage that gives rise to sperm or eggs. Most of the DNA in vertebrate germ cells is inactive and highly methylated. Over long periods of evolutionary time, the methylated CG sequences in these inactive regions have presumably been lost through spontaneous deamination events that were not properly repaired. However promoters of genes that remain active in the germ cell lineages (including most housekeeping genes) are kept unmethylated, and therefore spontaneous deaminations of Cs that occur within them can be accurately repaired. Such regions are preserved in modern day vertebrate cells as CG islands. In addition, any mutation of a CG sequence in the genome that destroyed the function or regulation of a gene in the adult would be selected against, and some CG islands are simply the result of a higher than normal density of critical CG sequences.

The mammalian genome contains an estimated 20,000 CG islands. Most of the islands mark the 5′ ends of transcription units and thus, presumably, of genes. The presence of CG islands often provides a convenient way of identifying genes in the DNA sequences of vertebrate genomes.

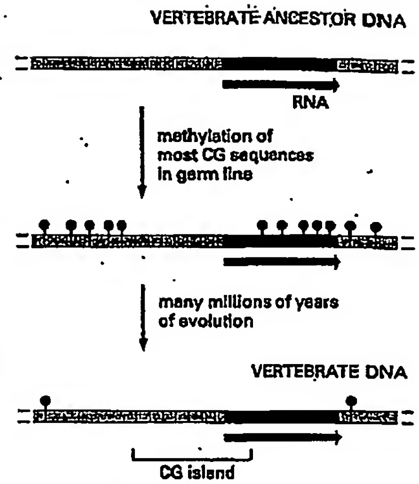

Figure 7–86 A mechanism to explain both the marked overall deficiency of CG sequences and their clustering into CG islands in vertebrate genomes. A *black line* marks the location of a CG dinucleotide in the DNA sequence, while a *red* "lollipop" indicates the presence of a methyl group on the CG dinucleotide. CG sequences that lie in regulatory sequences of genes that are transcribed in germ cells are unmethylated and therefore tend to be retained in evolution. Methylated CG sequences, on the other hand, tend to be lost through deamination of 5-methyl C to T, unless the CG sequence is critical for survival.

Summary

The many types of cells in animals and plants are created largely through mechanisms that cause different genes to be transcribed in different cells. Since many specialized animal cells can maintain their unique character through many cell division cycles and even when grown in culture, the gene regulatory mechanisms involved in creating them must be stable once established and heritable when the cell divides. These features endow the cell with a memory of its developmental history. Bacteria and yeasts provide unusually accessible model systems in which to study gene regulatory mechanisms. One such mechanism involves a competitive interaction between two gene regulatory proteins, each of which inhibits the synthesis of the other; this can create a flip-flop switch that switches a cell between two alternative patterns of gene expression. Direct or indirect positive feedback loops, which enable gene regulatory proteins to perpetuate their own synthesis, provide a general mechanism for cell memory. Negative feedback loops with programmed delays form the basis for cellular clocks.

In eucaryotes the transcription of a gene is generally controlled by combinations of gene regulatory proteins. It is thought that each type of cell in a higher eucaryotic organism contains a specific combination of gene regulatory proteins that ensures the expression of only those genes appropriate to that type of cell. A given gene regulatory protein may be active in a variety of circumstances and typically is involved in the regulation of many genes.

In addition to diffusible gene regulatory proteins, inherited states of chromatin condensation are also used by eucaryotic cells to regulate gene expression. An especially dramatic case is the inactivation of an entire X chromosome in female mammals. In vertebrates DNA methylation also functions in gene regulation, being used mainly as a device to reinforce decisions about gene expression that are made initially by other mechanisms. DNA methylation also underlies the phenomenon of genomic imprinting in mammals, in which the expression of a gene depends on whether it was inherited from the mother or the father.

POSTTRANSCRIPTIONAL CONTROLS

In principle, every step required for the process of gene expression could be controlled. Indeed, one can find examples of each type of regulation, although any one gene is likely to use only a few of them. Controls on the initiation of gene transcription are the predominant form of regulation for most genes. But other controls can act later in the pathway from DNA to protein to modulate the amount of gene product that is made. Although these **posttranscriptional controls**, which operate after RNA polymerase has bound to the gene's promoter and begun RNA synthesis, are less common than *transcriptional control*, for many genes they are crucial.

CHAPTER 29

Regulation of transcription

Genes VII (1997) CH 29, pp. 847-848.
Benjamin Lewin

The phenotypic differences that distinguish the various kinds of cells in a higher eukaryote are largely due to differences in the expression of genes that code for proteins, that is, those transcribed by RNA polymerase II. In principle, the expression of these genes might be regulated at any one of several stages. The concept of the "level of control" implies that gene expression is not necessarily an automatic process once it has begun. It could be regulated in a gene-specific way at any one of several sequential steps. We can distinguish (at least) five potential control points, forming the series:

Activation of gene structure
↓
Initiation of transcription
↓
Processing the transcript
↓
Transport to cytoplasm
↓
Translation of mRNA

The existence of the first step is implied by the discovery that genes may exist in either of two structural conditions. Relative to the state of most of the genome, genes are found in an "active" state in the cells in which they are expressed (see Chapter 27). The change of structure is distinct from the act of transcription, and indicates that the gene is "transcribable." This suggests that acquisition of the "active" structure must be the first step in gene expression.

Transcription of a gene in the active state is controlled at the stage of initiation, that is, by the interaction of RNA polymerase with its promoter. This is now becoming susceptible to analysis in the *in vitro* systems (see Chapter 28). For most genes, this is a major control point; probably it is the most common level of regulation.

There is at present no evidence for control at subsequent stages of transcription in eukaryotic cells, for example, via antitermination mechanisms.

The primary transcript is modified by capping at the 5′ end, and usually also by polyadenylation at the 3′ end. Introns must be spliced out from the transcripts of interrupted genes. The mature RNA must be exported from the nucleus to the cytoplasm. Regulation of gene expression by selection of sequences at the level of nuclear RNA might involve any or all of these stages, but the one for which we have most evidence concerns changes in splicing; some genes are expressed by means of alternative splicing patterns whose regulation controls the type of protein product (see Chapter 30).

Finally, the translation of an mRNA in the cytoplasm can be specifically controlled. There is little evidence for the employment of this mechanism in adult somatic cells, but it does occur in some embryonic situations, as described in Chapter 7. The mechanism is presumed to involve the blocking of initiation of translation of some mRNAs by specific protein factors.

But having acknowledged that control of gene expression can occur at multiple stages, and that production of RNA cannot inevitably be equated with production of protein, it is clear

that the overwhelming majority of regulatory events occur at the initiation of transcription. Regulation of tissue-specific gene transcription lies at the heart of eukaryotic differentiation; indeed, we see examples in Chapter 38 in which proteins that regulate embryonic development prove to be transcription factors. A regulatory transcription factor serves to provide common control of a large number of target genes, and we seek to answer two questions about this mode of regulation: what identifies the common target genes to the transcription factor; and how is the activity of the transcription factor itself regulated in response to intrinsic or extrinsic signals?

Response elements identify genes under common regulation

The principle that emerges from characterizing groups of genes under common control is that *they share a promoter element that is recognized by a regulatory transcription factor.* An element that causes a gene to respond to such a factor is called a response element; examples are the HSE (heat shock response element), GRE (glucocorticoid response element), SRE (serum response element).

The properties of some inducible transcription factors and the elements that they recognize are summarized in Table 29.1. Response elements have the same general characteristics as upstream elements of promoters or enhancers. They contain short consensus sequences, and copies of the response elements found in different genes are closely related, but not necessarily identical. The region bound by the factor extends for a short distance on either side of the consensus sequence. In promoters, the elements are not present at fixed distances from the startpoint, but are usually <200 bp upstream of it. The presence of a single element usually is sufficient to confer the regulatory response, but sometimes there are multiple copies.

Response elements may be located in promoters or in enhancers. Some types of elements are typically found in one rather than the other: usually an HSE is found in a promoter, while a GRE is found in an enhancer. We assume that all response elements function by the same general principle. *A gene is regulated by a sequence at the promoter or enhancer that is recognized by a specific protein. The protein functions as a transcription factor needed for RNA polymerase to initiate. Active protein is available only under conditions when the gene is to be expressed; its absence means that the promoter is not activated by this particular circuit.*

An example of a situation in which many genes are controlled by a single factor is provided by the heat shock response. This is common to a wide range of prokaryotes and eukaryotes and involves multiple controls of gene expression: an increase in temperature turns off transcription of some genes, turns on transcription of the heat shock genes, and causes changes in the translation of mRNAs. The control of the heat shock genes illustrates the differences between prokaryotic and eukaryotic modes of control. In bacteria, a new sigma factor is synthesized that directs RNA polymerase holoenzyme to recognize an alter

Table 29.1 Inducible transcription factors bind to response elements that identify groups of promoters or enhancers subject to coordinate control.

Regulatory Agent	Module	Consensus	Factor
Heat shock	HSE	CNNGAANNTCCNNG	HSTF
Glucocorticoid	GRE	TGGTACAAATGTTCT	Receptor
Phorbol ester	TRE	TGACTCA	AP1
Serum	SRE	CCATATTAGG	SRF

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Prostate stem cell antigen (PSCA) expression in human prostate cancer tissues and its potential role in prostate carcinogenesis and progression of prostate cancer

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Abstract

Background: Prostate stem cell antigen (PSCA) is a recently defined homologue of the Thy-1/Ly-6 family of glycosylphosphatidylinositol (GPI)-anchored cell surface antigens. The purpose of the present study was to examine the expression status of PSCA protein and mRNA in clinical specimens of human prostate cancer (Pca) and to validate it as a potential molecular target for diagnosis and treatment of Pca.

Materials and Methods: Immunohistochemical (IHC) and *in situ* hybridization (ISH) analyses of PSCA expression were simultaneously performed on paraffin-embedded sections from 20 benign prostatic hyperplasia (BPH), 20 prostatic intraepithelial neoplasm (PIN) and 48 prostate cancer (Pca) tissues, including 9 androgen-independent prostate cancers. The level of PSCA expression was semiquantitatively scored by assessing both the percentage and intensity of PSCA-positive staining cells in the specimens. Then .compared PSCA expression between BPH, PIN and Pca tissues and analysed the correlations of PSCA expression level with pathological grade, clinical stage and progression to androgen-independence in Pca.

Results: In BPH and low grade PIN, PSCA protein and mRNA staining were weak or negative and less intense and uniform than that seen in HGPIN and Pca. There were moderate to strong PSCA protein and mRNA expression in 8 of 11 (72.7%) HGPIN and in 40 of 48 (83.4%) Pca specimens examined by IHC and ISH analyses, with statistical significance compared with BPH (20%) and low grade PIN (22.2%) samples ($p < 0.05$, respectively). The expression level of PSCA increased with high Gleason grade, advanced stage and progression to androgen-independence ($p < 0.05$, respectively). In addition, IHC and ISH staining showed a high degree of correlation between PSCA protein and mRNA overexpression.

Conclusions: Our data demonstrate that PSCA as a new cell surface marker is overexpressed by a majority of human Pca. PSCA expression correlates positively with adverse tumor characteristics, such as increasing pathological grade (poor cell differentiation), worsening clinical stage and androgen-independence, and speculatively with prostate carcinogenesis. PSCA protein overexpression results from upregulated transcription of PSCA mRNA. PSCA may have prognostic utility and may be a promising molecular target for diagnosis and treatment of Pca.

Introduction

Prostate cancer (Pca) is the second leading cause of cancer-related death in American men and is becoming a common cancer increasing in China. Despite recently great progress in the diagnosis and management of localized disease, there continues to be a need for new diagnostic markers that can accurately discriminate between indolent and aggressive variants of Pca. There also continues to be a need for the identification and characterization of potential new therapeutic targets on Pca cells. Current diagnostic and therapeutic modalities for recurrent and metastatic Pca have been limited by a lack of specific target antigens of Pca.

Although a number of prostate-specific genes have been identified (i.e. prostate specific antigen, prostatic acid phosphatase, glandular kallikrein 2), the majority of these are secreted proteins not ideally suited for many immunological strategies. So, the identification of new cell surface antigens is critical to the development of new diagnostic and therapeutic approaches to the management of Pca.

Reiter RE et al [1] reported the identification of prostate stem cell antigen (PSCA), a cell surface antigen that is predominantly prostate specific. The PSCA gene encodes a 123 amino acid glycoprotein, with 30% homology to stem cell antigen 2 (Sca 2). Like Sca-2, PSCA also belongs to a member of the Thy-1/Ly-6 family and is anchored by a glycosylphosphatidylinositol (GPI) linkage. mRNA *in situ* hybridization (ISH) localized PSCA expression in normal prostate to the basal cell epithelium, the putative stem cell compartment of prostatic epithelium, suggesting that PSCA may be a marker of prostate stem/progenitor cells.

In order to examine the status of PSCA protein and mRNA expression in human Pca and validate it as a potential diagnostic and therapeutic target for Pca, we used immunohistochemistry (IHC) and *in situ* hybridization (ISH) simultaneously, and conducted PSCA protein and mRNA expression analyses in paraffin-embedded tissue specimens of benign prostatic hyperplasia (BPH, n = 20), prostate intraepithelial neoplasm (PIN, n = 20) and prostate cancer (Pca, n = 48). Furthermore, we evaluated the possible correlation of PSCA expression level with Pca tumorigenesis, grade, stage and progression to androgen-independence.

Materials and methods

Tissue samples

All of the clinical tissue specimens studied herein were obtained from 80 patients of 57–84 years old by prostatectomy, transurethral resection of prostate (TURP) or biopsies. The patients were classified as 20 cases of BPH, 20 cases of PIN, 40 cases of primary Pca, including 9 patients with recurrent Pca and a history of androgen ablation therapy (orchiectomy and/or hormonal therapy), who were referred to as androgen-independent prostate cancers. Eight specimens were harvested from these androgen-independent Pca patients prior to androgen ablation treatment. Each tissue sample was cut into two parts, one was fixed in 10% formalin for IHC and the other treated with 4% paraformaldehyde/0.1 M PBS PH 7.4 in 0.1% DEPC for 1 h for ISH analysis, and then embedded in paraffin. All paraffin blocks examined were then cut into 5 μm sections and mounted on the glass slides specific for IHC and ISH respectively in the usual fashion. H&E-stained section of each Pca was evaluated and assigned a Gleason score by the experienced urological pathologist at our institution based on the criteria of Gleason score [2]. The Gleason sums are summarized in Table 1. Clinical staging was performed according to Jewett-whitmore-prout staging system, as shown in Table 2. In the category of PIN, we graded the specimens into two groups, i.e. low grade PIN (grade I – II) and high grade PIN (HGPIN, grade III) on the basis of literatures [3,4].

Immunohistochemical (IHC) analysis

Briefly, tissue sections were deparaffinized, dehydrated, and subjected to microwaving in 10 mmol/L citrate buffer, PH 6.0 (Boshide, Wuhan, China) in a 900 W oven for 5 min to induce epitope retrieval. Slides were allowed to cool at room temperature for 30 min. A primary mouse antibody specific to human PSCA (Boshide, Wuhan, China) with a 1:100 dilution was applied to incubate with the slides at room temperature for 2 h. Labeling was detected by sequentially adding biotinylated secondary antibodies and strepavidin-peroxidase, and localized using 3,3'-diaminobenzidine reaction. Sections were then counterstained with hematoxylin. Substitution of the primary antibody with phosphate-buffered-saline (PBS) served as a negative-staining control.

mRNA in situ hybridization (ISH)

Five-μm-thick tissue sections were deparaffinized and dehydrated, then digested in pepsin solution (4 mg/ml in 3% citric acid) for 20 min at 37.5°C, and further processed for ISH. Digoxigenin-labeled sense and antisense human PSCA RNA probes (obtained from Boshide, Wuhan, China) were hybridized to the sections at 48°C overnight. The posthybridization wash with a high stringency was performed sequentially at 37°C in 2 × standard saline citrate (SSC) for 10 min, in 0.5 × SSC for 15 min and in 0.2 × SSC for 30 min. The slides were then incubated to biotinylated mouse anti-digoxigenin antibody at 37.5°C for 1 h followed by washing in 1 × PBS for 20 min at room temperature, and then to strepavidin-peroxidase at 37.5°C for 20 min followed by washing in 1 × PBS for 15 min at room temperature. Subsequently, the slides were developed with diaminobenzidine and then coun-

Table 1: Correlation of PSCA expression with Gleason score

Gleason score	Intensity × frequency	
	0–6 (%)	9 (%)
2–4	5 (83)	1 (17)
5–7	19 (79)	5 (21)
8–10	5 (28)	13 (72)

Table 2: Correlation of PSCA expression with clinical stage

Tumor stage	Intensity × frequency	
	0–6 (%)	9 (%)
≤B	27 (67.5)	13 (32.5)
≥C	2 (25)	6 (75)

terstained with hematoxylin to localize the hybridization signals. Sections hybridized with the sense control probes routinely did not show any specific hybridization signal above background. All slides were hybridized with PBS to substitute for the probes as a negative control.

Scoring methods

To determine the correlation between the results of PSCA immunostaining and mRNA *in situ* hybridization, the same scoring manners are taken in the present study for PSCA protein staining by IHC and PSCA mRNA staining by ISH. Each slide was read and scored by two independently experienced urological pathologists using Olympus BX-41 light microscopes. The evaluation was done in a blinded fashion. For each section, five areas of similar grade were analyzed semiquantitatively for the fraction of cells staining. Fifty percent of specimens were randomly chosen and rescored to determine the degree of interobserver and intraobserver concordance. There was greater than 95% intra- and interobserver agreement.

The intensity of PSCA expression evaluated microscopically was graded on a scale of 0 to 3+ with 3 being the highest expression observed (0, no staining; 1+, mildly intense; 2+, moderately intense; 3+, severely intense). The staining density was quantified as the percentage of cells staining positive for PSCA with the primary antibody or hybridization probe, as follows: 0 = no staining; 1 = positive staining in <25% of the sample; 2 = positive staining in 25%–50% of the sample; 3 = positive staining in >50% of the sample. Intensity score (0 to 3+) was multiplied by the density score (0–3) to give an overall score of 0–9 [1,5]. In this way, we were able to differentiate specimens that may have had focal areas of increased staining from those that had diffuse areas of increased staining [6]. The overall score for each specimen was then categorically assigned to one of the following groups: 0 score, negative expression; 1–2 scores, weak expression; 3–6 scores, moderate expression; 9 score, strong expression.

Statistical analysis

Intensity and density of PSCA protein and mRNA expression in BPH, PIN and Pca tissues were compared using the Chi-square and Student's *t*-test. Univariate associations between PSCA expression and Gleason score, clinical stage and progression to androgen-independence were calculated using Fisher's Exact Test. For all analyses, $p < 0.05$ was considered statistically significant.

Results

PSCA expression in BPH

In general, PSCA protein and mRNA were expressed weakly in individual samples of BPH. Some areas of prostate expressed weak levels (composite score 1–2), whereas other areas were completely negative (composite score 0). Four cases (20%) of BPH had moderate expression of PSCA protein and mRNA (composite score 4–6) by IHC and ISH. In 2/20 (10%) BPH specimens, PSCA mRNA expression was moderate (composite score 3–6), but PSCA protein expression was weak (composite score

2) in one and negative (composite score 0) in the other. PSCA expression was localized to the basal and secretory epithelial cells, and prostatic stroma was almost negative staining for PSCA protein and mRNA in all cases examined.

PSCA expression in PIN

In this study, we detected weak or negative expression of PSCA protein and mRNA (≤2 scores) in 7 of 9 (77.8%) low grade PIN and in 2 of 11 (18.2%) HGPIN, and moderate expression (3–6 scores) in the rest 2 low grade PIN and 5 of 11 (45.5%) HGPIN. One HGPIN with moderate PSCA mRNA expression (6 score) was found weak staining for PSCA protein (2 score) by IHC. Strong PSCA protein and mRNA expression (9 score) were detected in the remaining 3 of 11 (27.3%) HGPIN. There was a statistically significant difference of PSCA protein and mRNA expression levels observed between HGPIN and BPH ($p < 0.05$), but no statistical difference reached between low grade PIN and BPH ($p > 0.05$).

PSCA expression in Pca

In order to determine if PSCA protein and mRNA can be detected in prostate cancers and if PSCA expression levels are increased in malignant compared with benign glands, Forty-eight paraffin-embedded Pca specimens were analysed by IHC and ISH. It was shown that 19 of 48 (39.6%) Pca samples stained very strongly for PSCA protein and mRNA with a score of 9 and another 21 (43.8%) specimens displayed moderate staining with scores of 4–6 (Figure 1). In addition, 4 specimens with moderate to strong PSCA mRNA expression (scores of 4–9) had weak protein staining (a score of 2) by IHC analyses. Overall, Pca expressed a significantly higher level of PSCA protein and mRNA than any other specimen category in this study ($p < 0.05$, compared with BPH and PIN respectively). The result demonstrates that PSCA protein and mRNA are overexpressed by a majority of human Pca.

Correlation of PSCA expression with Gleason score in Pca

Using the semi-quantitative scoring method as described in Materials and Methods, we compared the expression level of PSCA protein and mRNA with Gleason grade of Pca, as shown in Table 1. Prostate adenocarcinomas were graded by Gleason score as 2–4 scores = well-differentiation, 5–7 scores = moderate-differentiation and 8–10 scores = poor-differentiation [7]. Seventy-two percent of Gleason scores 8–10 prostate cancers had very strong staining of PSCA compared to 21% with Gleason scores 5–7 and 17% with 2–4 respectively, demonstrating that poorly differentiated Pca had significantly stronger expression of PSCA protein and mRNA than moderately and well differentiated tumors ($p < 0.05$). As depicted in Figure 1, IHC and ISH analyses showed that PSCA protein and mRNA expression in several cases of poorly differentiated Pca were particularly prominent, with more intense and uniform staining. The results indicate that PSCA expression increases significantly with higher tumor grade in human Pca.

Correlation of PSCA expression with clinical stage in Pca

With regards to PSCA expression in every stage of Pca, we showed the results in Table 2. Seventy-five percent of locally advanced and node positive cancers (i.e. C-D stages) expressed statistically high levels of PSCA versus 32.5% that were organ confined (i.e. A-B stages) ($p < 0.05$). The data demonstrate that PSCA expression increases significantly with advanced tumor stage in human Pca.

Correlation of PSCA expression with androgen-independent progression of Pca

All 9 specimens of androgen-independent prostate cancers stained positive for PSCA protein and mRNA. Eight specimens were obtained from patients managed prior to androgen ablation therapy. Seven of eight (87.5%) of these androgen-independent prostate cancers were in the strongest staining category (score = 9), compared with three out of eight (37.5%) of patients with androgen-dependent cancers ($p < 0.05$). The results demonstrate that PSCA expression increases significantly with progression to androgen-independence of human Pca.

It is evident from the results above that within a majority of human prostate cancers the level of PSCA protein and mRNA expression correlates significantly with increasing grade, worsening stage and progression to androgen-independence.

Correlation of PSCA immunostaining and mRNA in situ hybridization

In all 88 specimens surveyed herein, we compared the results of PSCA IHC staining with mRNA ISH analysis. Positive staining areas and its intensity and density scores evaluated by IHC were identical to those seen by ISH in 79 of 88 (89.8%) specimens (18/20 BPH, 19/20 PIN and 42/48 Pca respectively). Importantly, 27/27 samples with PSCA mRNA composite scores of 0–2, 32/36 samples with scores of 3–6 and 22/24 samples with a score of 9 also had PSCA protein expression scores of 0–2, 3–6 and 9 respectively. However, in 5 samples with PSCA mRNA overall scores of 3–6 and in 2 with scores of 9 there were less or negative PSCA protein expression (i.e. scores of 0–4), suggesting that this may reflect posttranscriptional modification of PSCA or that the epitopes recognized by PSCA mAb may be obscured in some cancers. The data demonstrate that the results of PSCA immunostaining were consistent with those of mRNA ISH analysis, showing a high degree of correlation between PSCA protein and mRNA expression.

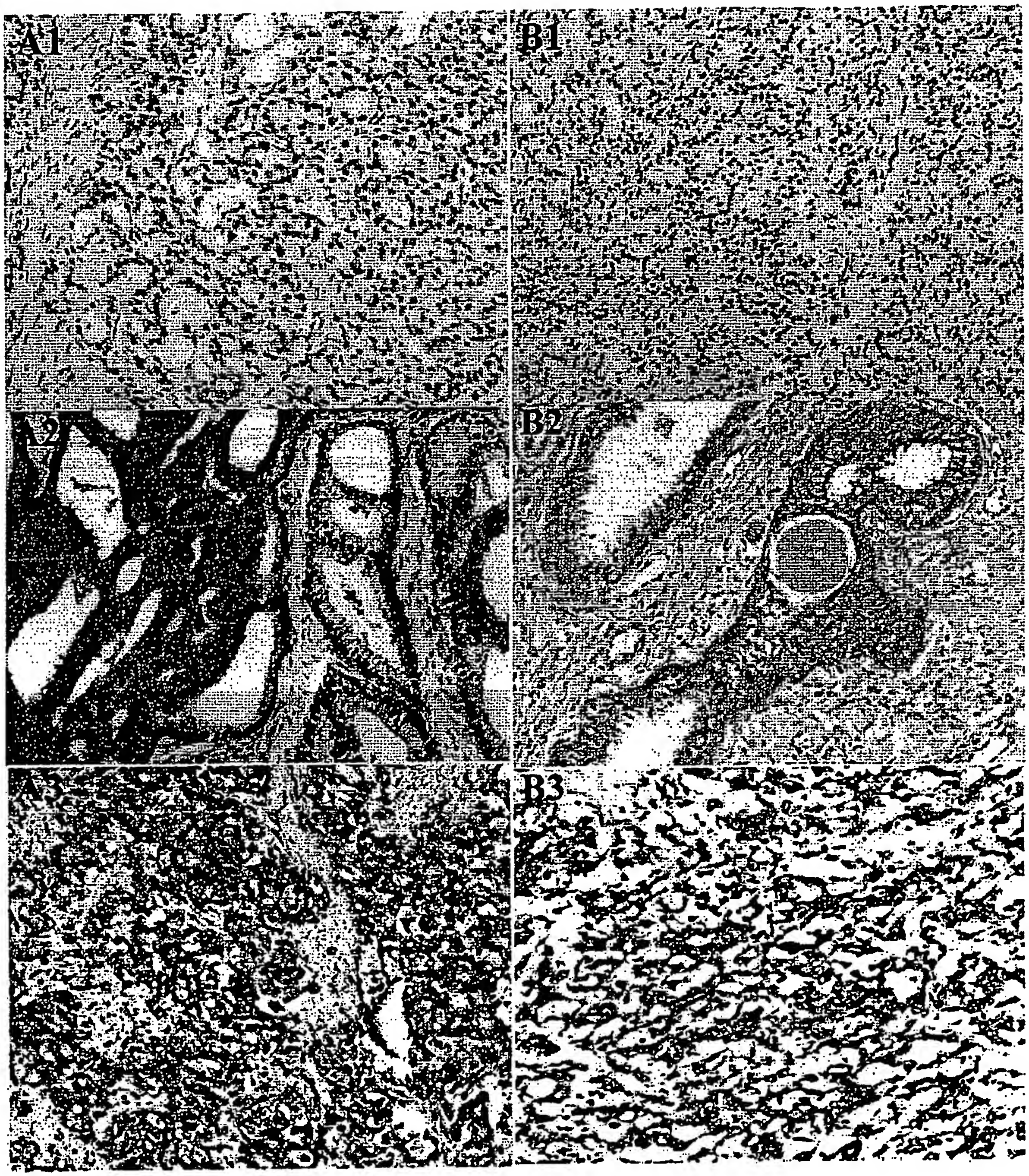

Figure 1
Representatives of PSCA IHC and ISH staining in Pca (A. IHC staining, B. ISH staining, ×200 magnification). A_1, B_1: negative control of IHC and ISH. PBS replacing the primary antibody (A_1) and hybridization with a sense PSCA probe (B_1) showed no background staining. A_2, B_2: a moderately differentiated Pca (Gleason score = 3+3 = 6) with moderate staining (composite score = 6) in all malignant cells; A_2: IHC shows not only cell surface but also apparent cytoplasmic staining of PSCA protein. A_3, B_3: a poorly differentiated Pca (Gleason score = 4+4 = 8) with very strong staining (composite score = 9) in all malignant cells.

Discussion

PSCA is homologous to a group of cell surface proteins that mark the earliest phase of hematopoietic development. PSCA mRNA expression is prostate-specific in normal male tissues and is highly up-regulated in both androgen-dependent and-independent Pca xenografts (LAPC-4 tumors). We hypothesize that PSCA may play a role in Pca tumorigenesis and progression, and may serve as a target for Pca diagnosis and treatment. In this study, IHC and ISH showed that in general there were weak or absent PSCA protein and mRNA expression in BPH and low grade PIN tissues. However, PSCA protein and mRNA are widely expressed in HGPIN, the putative precursor of invasive Pca, suggesting that up-regulation of PSCA is an early event in prostate carcinogenesis. Recently, Reiter RE et al [1], using ISH analysis, reported that 97 of 118 (82%) HGPIN specimens stained strongly positive for PSCA mRNA. A very similar finding was seen on mouse PSCA (mPSCA) expression in mouse HGPIN tissues by Tran C. P et al [8]. These data suggest that PSCA may be a new marker associated with transformation of prostate cells and tumorigenesis.

We observed that PSCA protein and mRNA are highly expressed in a large percentage of human prostate cancers, including advanced, poorly differentiated, androgen-independent and metastatic cases. Fluorescence-activated cell sorting and confocal/ immunofluorescent studies demonstrated cell surface expression of PSCA protein in Pca cells [9]. Our IHC expression analysis of PSCA shows not only cell surface but also apparent cytoplasmic staining of PSCA protein in Pca specimens (Figure 1). One possible explanation for this is that anti-PSCA antibody can recognize PSCA peptide precursors that reside in the cytoplasm. Also, it is possible that the positive staining that appears in the cytoplasm is actually from the overlying cell membrane [5]. These data seem to indicate that PSCA is a novel cell surface marker for human Pca.

Our results show that elevated level of PSCA expression correlates with high grade (i.e. poor differentiation), increased tumor stage and progression to androgen-independence of Pca. These findings support the original IHC analyses by Gu Z et al [9], who reported that PSCA protein expressed in 94% of primary Pca and the intensity of PSCA protein expression increased with tumor grade, stage and progression to androgen-independence. Our results also collaborate the recent work of Han KR et al [10], in which the significant association between high PSCA expression and adverse prognostic features such as high Gleason score, seminal vesicle invasion and capsular involvement in Pca was found. It is suggested that PSCA overexpression may be an adverse predictor for recurrence, clinical progression or survival of Pca. Hara H et al [11] used RT-PCR detection of PSA, PSMA and PSCA in 1 ml of peripheral blood to evaluate Pca patients with poor prognosis. The results showed that among 58 PCa patients, each PCR indicated the prognostic value in the hierarchy of PSCA>PSA>PSMA RT-PCR, and extraprostatic cases with positive PSCA PCR indicated lower disease-progression-free survival than those with negative PSCA PCR, demonstrating that PSCA can be used as a prognostic factor. Dubey P et al [12] reported that elevated numbers of PSCA + cells correlate positively with the onset and development of prostate carcinoma over a long time span in the prostates of the TRAMP and PTEN +/- models compared with its normal prostates. Taken together with our present findings, in which PSCA is overexpressed from HGPIN to almost frank carcinoma, it is reasonable and possible to use increased PSCA expression level or increased numbers of PSCA-positive cells in the prostate samples as a prognostic marker to predict the potential onset of this cancer. These data raise the possibility that PSCA may have diagnostic utility or clinical prognostic value in human Pca.

The cause of PSCA overexpression in Pca is not known. One possible mechanism is that it may result from PSCA gene amplification. In humans, PSCA is located on chromosome 8q24.2 [1], which is often amplified in metastatic and recurrent Pca and considered to indicate a poor prognosis [13-15]. Interestingly, PSCA is in close proximity to the c-myc oncogene, which is amplified in >20% of recurrent and metastatic prostate cancers [16,17]. Reiter RE et al [18] reported that PSCA and MYC gene copy numbers were co-amplified in 25% of tumors (five out of twenty), demonstrating that PSCA overexpression is associated with PSCA and MYC coamplification in Pca. Gu Z et al [9] recently reporteted that in 102 specimens available to compare the results of PSCA immunostaining with their previous mRNA ISH analysis, 92 (90.2%) had identically positive areas of PSCA protein and mRNA expression. Taken together with our findings, in which we detected moderate to strong expression of PSCA protein and mRNA in 34 of 40 (85%) Pca specimens examined simultaneously by IHC and ISH analyses, it is demonstrated that PSCA protein and mRNA overexpressed in human Pca, and that the increased protein level of PSCA was resulted from the upregulated transcription of its mRNA.

At present, the regulation mechanisms of human PSCA expression and its biological function are yet to be elucidated. PSCA expression may be regulated by multiple factors [18]. Watabe T et al [19] reported that transcriptional control is a major component regulating PSCA expression levels. In addition, induction of PSCA expression may be regulated or mediated through cell-cell contact and protein kinase C (PKC) [20]. Homologues of PSCA have diverse activities, and have themselves been involved in

carcinogenesis. Signalling through SCA-2 has been demonstrated to prevent apoptosis in immature thymocytes [21]. Thy-1 is involved in T cell activation and transducts signals through src-like tyrosine kinases [22]. Ly-6 genes have been implicated both in tumorigenesis and in cell-cell adhesion [23-25]. Cell-cell or cell-matrix interaction is critical for local tumor growth and spread to distal sites. From its restricted expression in basal cells of normal prostate and its homology to SCA-2, PSCA may play a role in stem/progenitor cell function, such as self-renewal (i.e. anti-apoptosis) and/or proliferation [1]. Taken together with the results in the present study, we speculate that PSCA may play a role in tumorigenesis and clinical progression of Pca through affecting cell transformation and proliferation. From our results, it is also suggested that PSCA as a new cell surface antigen may have a number of potential uses in the diagnosis, therapy and clinical prognosis of human Pca. PSCA overexpression in prostate biopsies could be used to identify patients at high risk to develop recurrent or metastatic disease, and to discriminate cancers from normal glands in prostatectomy samples. Similarly, the detection of PSCA-overexpressing cells in bone marrow or peripheral blood may identify and predict metastatic progression better than current assays, which identify only PSA-positive or PSMA-positive prostate cells.

In summary, we have shown in this study that PSCA protein and mRNA are maintained in expression from HGPIN through all stages of Pca in a majority of cases, which may be associated with prostate carcinogenesis and correlate positively with high tumor grade (poor cell differentiation), advanced stage and androgen-independent progression. PSCA protein overexpression is due to the upregulation of its mRNA transcription. The results suggest that PSCA may be a promising molecular marker for the clinical prognosis of human Pca and a valuable target for diagnosis and therapy of this tumor.

Competing interests
None declared.

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Review

Translation Initiation in Cancer: A Novel Target for Therapy[1]

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Abstract

Translation initiation is regulated in response to nutrient availability and mitogenic stimulation and is coupled with cell cycle progression and cell growth. Several alterations in translational control occur in cancer. Variant mRNA sequences can alter the translational efficiency of individual mRNA molecules, which in turn play a role in cancer biology. Changes in the expression or availability of components of the translational machinery and in the activation of translation through signal transduction pathways can lead to more global changes, such as an increase in the overall rate of protein synthesis and translational activation of the mRNA molecules involved in cell growth and proliferation. We review the basic principles of translational control, the alterations encountered in cancer, and selected therapies targeting translation initiation to help elucidate new therapeutic avenues.

Introduction

The fundamental principle of molecular therapeutics in cancer is to exploit the differences in gene expression between cancer cells and normal cells. With the advent of cDNA array technology, most efforts have concentrated on identifying differences in gene expression at the level of mRNA, which can be attributable either to DNA amplification or to differences in transcription. Gene expression is quite complicated, however, and is also regulated at the level of mRNA stability, mRNA translation, and protein stability.

The power of translational regulation has been best recognized among developmental biologists, because transcription does not occur in early embryogenesis in eukaryotes. For example, in *Xenopus*, the period of transcriptional quiescence continues until the embryo reaches midblastula transition, the 4000-cell stage. Therefore, all necessary mRNA molecules are transcribed during oogenesis and stockpiled in a translationally inactive, masked form. The mRNA are translationally activated at appropriate times during oocyte maturation, fertilization, and early embryogenesis and thus, are under strict translational control.

Translation has an established role in cell growth. Basically, an increase in protein synthesis occurs as a consequence of mitogenesis. Until recently, however, little was known about the alterations in mRNA translation in cancer, and much is yet to be discovered about their role in the development and progression of cancer. Here we review the basic principles of translational control, the alterations encountered in cancer, and selected therapies targeting translation initiation to elucidate potential new therapeutic avenues.

Basic Principles of Translational Control

Mechanism of Translation Initiation

Translation initiation is the main step in translational regulation. Translation initiation is a complex process in which the initiator tRNA and the 40S and 60S ribosomal subunits are recruited to the 5′ end of a mRNA molecule and assembled by eukaryotic translation initiation factors into an 80S ribosome at the start codon of the mRNA (Fig. 1). The 5′ end of eukaryotic mRNA is capped, *i.e.*, contains the cap structure m^7GpppN (7-methyl-guanosine-triphospho-5′-ribonucleoside). Most translation in eukaryotes occurs in a cap-dependent fashion, *i.e.*, the cap is specifically recognized by the eIF4E,[3] which binds the 5′ cap. The eIF4F translation initiation complex is then formed by the assembly of eIF4E, the RNA helicase eIF4A, and eIF4G, a scaffolding protein that mediates the binding of the 40S ribosomal subunit to the mRNA molecule through interaction with the eIF3 protein present on the 40S ribosome. eIF4A and eIF4B participate in melting the secondary structure of the 5′ UTR of the mRNA. The 43S initiation complex (40S/eIF2/Met-tRNA/GTP complex) scans the mRNA in a 5′→3′ direction until it encounters an AUG start codon. This start codon is then base-paired to the anticodon of initiator tRNA, forming the 48S initiation complex. The initiation factors are then displaced from the 48S complex, and the 60S ribosome joins to form the 80S ribosome.

Unlike most eukaryotic translation, translation initiation of certain mRNAs, such as the picornavirus RNA, is cap independent and occurs by internal ribosome entry. This mechanism does not require eIF4E. Either the 43S complex can bind the initiation codon directly through interaction with the IRES in the 5′ UTR such as in the encephalomyocarditis virus, or it can

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[3] The abbreviations used are: eIF4E, eukaryotic initiation factor 4E; UTR, untranslated region; IRES, internal ribosome entry site; 4E-BP1, eukaryotic initiation factor 4E-binding protein 1; S6K, ribosomal p70 S6 kinase; mTOR, mammalian target of rapamycin; ATM, ataxia telangiectasia mutated; PI3K, phosphatidylinositol 3-kinase; PTEN, phosphatase and tensin homolog deleted from chromosome 10; PP2A, protein phosphatase 2A; TGF-β3, transforming growth factor-β3; PAP, poly(A) polymerase; EPA, eicosopentaenoic acid; *mda-7*, melanoma differentiation-associated gene 7.

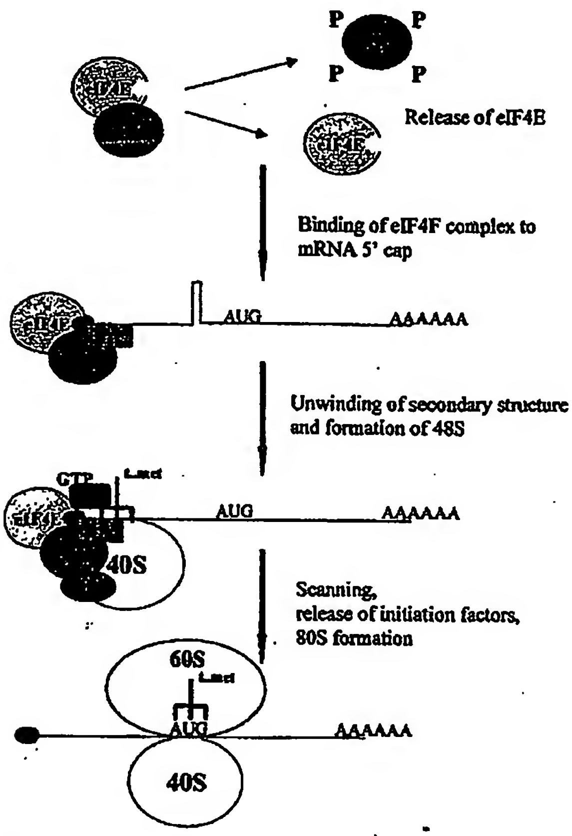

Fig. 1. Translation initiation in eukaryotes. The 4E-BPs are hyperphosphorylated to release eIF4E so that it can interact with the 5' cap, and the eIF4F initiation complex is assembled. The interaction of poly(A) binding protein with the initiation complex and circularization of the mRNA is not depicted in the diagram. The secondary structure of the 5' UTR is melted, the 40S ribosomal subunit is bound to eIF3, and the ternary complex consisting of eIF2, GTP, and the Met-tRNA are recruited to the mRNA. The ribosome scans the mRNA in a 5'→3' direction until an AUG start codon is found in the appropriate sequence context. The initiation factors are released, and the large ribosomal subunit is recruited.

initially attach to the IRES and then reach the initiation codon by scanning or transfer, as is the case with the poliovirus (1).

Regulation of Translation Initiation

Translation initiation can be regulated by alterations in the expression or phosphorylation status of the various factors involved. Key components in translational regulation that may provide potential therapeutic targets follow.

eIF4E. eIF4E plays a central role in translation regulation. It is the least abundant of the initiation factors and is considered the rate-limiting component for initiation of cap-dependent translation. eIF4E may also be involved in mRNA splicing, mRNA 3' processing, and mRNA nucleocytoplasmic transport (2). eIF4E expression can be increased at the transcriptional level in response to serum or growth factors (3). eIF4E overexpression may cause preferential translation of mRNAs containing excessive secondary structure in their 5' UTR that are normally discriminated against by the translational machinery and thus are inefficiently translated (4–7). As examples of this, overexpression of eIF4E promotes increased translation of vascular endothelial growth factor, fibroblast growth factor-2, and cyclin D1 (2, 8, 9).

Another mechanism of control is the regulation of eIF4E phosphorylation. eIF4E phosphorylation is mediated by the mitogen-activated protein kinase-interacting kinase 1, which is activated by the mitogen-activated pathway activating extracellular signal-related kinases and the stress-activated pathway acting through p38 mitogen-activated protein kinase (10–13). Several mitogens, such as serum, platelet-derived growth factor, epidermal growth factor, insulin, angiotensin II, src kinase overexpression, and ras overexpression, lead to eIF4E phosphorylation (14). The phosphorylation status of eIF4E is usually correlated with the translational rate and growth status of the cell; however, eIF4E phosphorylation has also been observed in response to some cellular stresses when translational rates actually decrease (15). Thus, further study is needed to understand the effects of eIF4E phosphorylation on eIF4E activity.

Another mechanism of regulation is the alteration of eIF4E availability by the binding of eIF4E to the eIF4E-binding proteins (4E-BP, also known as PHAS-I). 4E-BPs compete with eIF4G for a binding site in eIF4E. The binding of eIF4E to the best characterized eIF4E-binding protein, 4E-BP1, is regulated by 4E-BP1 phosphorylation. Hypophosphorylated 4E-BP1 binds to eIF4E, whereas 4E-BP1 hyperphosphorylation decreases this binding. Insulin, angiotensin, epidermal growth factor, platelet-derived growth factor, hepatocyte growth factor, nerve growth factor, insulin-like growth factors I and II, interleukin 3, granulocyte-macrophage colony-stimulating factor + steel factor, gastrin, and the adenovirus have all been reported to induce phosphorylation of 4E-BP1 and to decrease the ability of 4E-BP1 to bind eIF4E (15, 16). Conversely, deprivation of nutrients or growth factors results in 4E-BP1 dephosphorylation, an increase in eIF4E binding, and a decrease in cap-dependent translation.

p70 S6 Kinase. Phosphorylation of ribosomal 40S protein S6 by S6K is thought to play an important role in translational regulation. S6K −/− mouse embryonic cells proliferate more slowly than do parental cells, demonstrating that S6K has a positive influence on cell proliferation (17). S6K regulates the translation of a group of mRNAs possessing a 5' terminal oligopyrimidine tract (5' TOP) found at the 5' UTR of ribosomal protein mRNAs and other mRNAs coding for components of the translational machinery. Phosphorylation of S6K is regulated in part based on the availability of nutrients (18, 19) and is stimulated by several growth factors, such as platelet-derived growth factor and insulin-like growth factor I (20).

eIF2α Phosphorylation. The binding of the initiator tRNA to the small ribosomal unit is mediated by translation initiation factor eIF2. Phosphorylation of the α-subunit of eIF2 prevents formation of the eIF2/GTP/Met-tRNA complex and inhibits global protein synthesis (21, 22). eIF2α is phosphorylated under a variety of conditions, such as viral infection, nutrient deprivation, heme deprivation, and apoptosis (22). eIF2α is phosphorylated by heme-regulated inhibitor, nutrient-regulated protein kinase, and the IFN-induced, double-stranded RNA-activated protein kinase (PKR; Ref. 23).

The mTOR Signaling Pathway. The macrolide antibiotic rapamycin (Siralimus; Wyeth-Ayerst Research, Collegeville, PA) has been the subject of intensive study because it inhibits signal transduction pathways involved in T-cell activation. The rapamycin-sensitive component of these pathways is mTOR (also called FRAP or RAFT1). mTOR is the mammalian homologue of the yeast TOR proteins that regulate G_1 progression and translation in response to nutrient availability (24). mTOR is a serine-threonine kinase that modulates translation initiation by altering the phosphorylation status of 4E-BP1 and S6K (Fig. 2; Ref. 25).

4E-BP1 is phosphorylated on multiple residues. mTOR phosphorylates the Thr-37 and Thr-46 residues of 4E-BP1 *in vitro* (26); however, phosphorylation at these sites is not associated with a loss of eIF4E binding. Phosphorylation of Thr-37 and Thr-46 is required for subsequent phosphorylation at several COOH-terminal, serum-sensitive sites; a combination of these phosphorylation events appears to be needed to inhibit the binding of 4E-BP1 to eIF4E (25). The product of the *ATM* gene, p38/MSK1 pathway, and protein kinase Cα also play a role in 4E-BP1 phosphorylation (27–29).

S6K and 4E-BP1 are also regulated, in part, by PI3K and its downstream protein kinase Akt. PTEN is a phosphatase that negatively regulates PI3K signaling. PTEN null cells have constitutively active of Akt, with increased S6K activity and S6 phosphorylation (30). S6K activity is inhibited both by PI3K inhibitors wortmannin and LY294002 and by mTOR inhibitor rapamycin (24). Akt phosphorylates Ser-2448 in mTOR *in vitro*, and this site is phosphorylated upon Akt activation *in vivo* (31–33). Thus, mTOR is regulated by the PI3K/Akt pathway; however, this does not appear to be the only mode of regulation of mTOR activity. Whether the PI3K pathway also regulates S6K and 4E-BP1 phosphorylation independent of mTOR is controversial.

Interestingly, mTOR autophosphorylation is blocked by wortmannin but not by rapamycin (34). This seeming inconsistency suggests that mTOR-responsive regulation of 4E-BP1 and S6K activity occurs through a mechanism other than intrinsic mTOR kinase activity. An alternate pathway for 4E-BP1 and S6K phosphorylation by mTOR activity is by the inhibition of a phosphatase. Treatment with calyculin A, an inhibitor of phosphatases 1 and 2A, reduces rapamycin-induced dephosphorylation of 4E-BP1 and S6K by rapamycin (35). PP2A interacts with full-length S6K but not with a S6K mutant that is resistant to dephosphorylation resulting from rapamycin. mTOR phosphorylates PP2A *in vitro*; however, how this process alters PP2A activity is not known. These results are consistent with the model that phosphorylation of a phosphatase by mTOR prevents dephosphorylation of 4E-BP1 and S6K, and conversely, that nutrient deprivation and rapamycin block inhibition of the phosphatase by mTOR.

Polyadenylation. The poly(A) tail in eukaryotic mRNA is important in enhancing translation initiation and mRNA stability. Polyadenylation plays a key role in regulating gene expression during oogenesis and early embryogenesis. Some mRNA that are translationally inactive in the oocyte are polyadenylated concomitantly with translational activation in oocyte maturation, whereas other mRNAs that are translationally active during oogenesis are deadenylated and translationally silenced (36–38). Thus, control of poly(A) tail synthesis is an important regulatory step in gene expression. The 5′ cap and poly(A) tail are thought to function synergistically to regulate mRNA translational efficiency (39, 40).

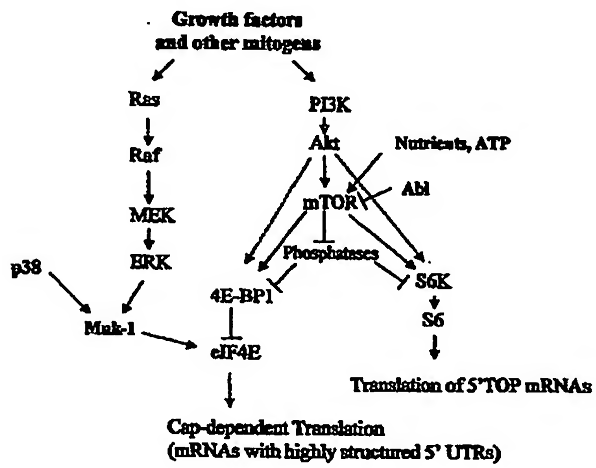

Fig. 2. Regulation of translation initiation by signal transduction pathways. Signaling via p38, extracellular signal-related kinase, PI3K, and mTOR can all activate translation initiation.

RNA Packaging. Most RNA-binding proteins are assembled on a transcript at the time of transcription, thus determining the translational fate of the transcript (41). A highly conserved family of Y-box proteins is found in cytoplasmic messenger ribonucleoprotein particles, where the proteins are thought to play a role in restricting the recruitment of mRNA to the translational machinery (41–43). The major mRNA-associated protein, YB-1, destabilizes the interaction of eIF4E and the 5′ mRNA cap *in vitro*, and overexpression of YB-1 results in translational repression *in vivo* (44). Thus, alterations in RNA packaging can also play an important role in translational regulation.

Translation Alterations Encountered in Cancer

Three main alterations at the translational level occur in cancer: variations in mRNA sequences that increase or decrease translational efficiency, changes in the expression or availability of components of the translational machinery, and activation of translation through aberrantly activated signal transduction pathways. The first alteration affects the translation of an individual mRNA that may play a role in carcinogenesis. The second and third alterations can lead to more global changes, such as an increase in the overall rate of protein synthesis, and the translational activation of several mRNA species.

Variations in mRNA Sequence

Variations in mRNA sequence affect the translational efficiency of the transcript. A brief description of these variations and examples of each mechanism follow.

Mutations. Mutations in the mRNA sequence, especially in the 5′ UTR, can alter its translational efficiency, as seen in the following examples.

c-myc. Saito *et al.* proposed that translation of full-length *c-myc* is repressed, whereas in several Burkitt lymphomas that have deletions of the mRNA 5′ UTR, translation of *c-myc* is more efficient (45). More recently, it was reported that the 5′ UTR of *c-myc* contains an IRES, and thus *c-myc* translation can be initiated by a cap-independent as well as a cap-dependent mechanism (46, 47). In patients with multiple myeloma, a C→T mutation in the c-myc IRES was identified (48) and found to cause an enhanced initiation of translation via internal ribosomal entry (49).

BRCA1. A somatic point mutation (117 G→C) in position −3 with respect to the start codon of the *BRCA1* gene was identified in a highly aggressive sporadic breast cancer (50). Chimeric constructs consisting of the wild-type or mutated *BRCA1* 5′ UTR and a downstream luciferase reporter demonstrated a decrease in the translational efficiency with the 5′ UTR mutation.

Cyclin-dependent Kinase Inhibitor 2A. Some inherited melanoma kindreds have a G→T transversion at base −34 of cyclin-dependent kinase inhibitor-2A, which encodes a cyclin-dependent kinase 4/cyclin-dependent kinase 6 kinase inhibitor important in G_1 checkpoint regulation (51). This mutation gives rise to a novel AUG translation initiation codon, creating an upstream open reading frame that competes for scanning ribosomes and decreases translation from the wild-type AUG.

Alternate Splicing and Alternate Transcription Start Sites. Alterations in splicing and alternate transcription sites can lead to variations in 5′ UTR sequence, length, and secondary structure, ultimately impacting translational efficiency.

ATM. The *ATM* gene has four noncoding exons in its 5′ UTR that undergo extensive alternative splicing (52). The contents of 12 different 5′ UTRs that show considerable diversity in length and sequence have been identified. These divergent 5′ leader sequences play an important role in the translational regulation of the *ATM* gene.

mdm. In a subset of tumors, overexpression of the oncoprotein mdm2 results in enhanced translation of the *mdm2* mRNA. Use of different promoters leads to two *mdm2* transcripts that differ only in their 5′ leaders (53). The longer 5′ UTR contains two upstream open reading frames, and this mRNA is loaded with ribosomes inefficiently compared with the short 5′ UTR.

BRCA1. In a normal mammary gland, *BRCA1* mRNA is expressed with a shorter leader sequence (5′UTRa), whereas in sporadic breast cancer tissue, *BRCA1* mRNA is expressed with a longer leader sequence (5′ UTRb); the translational efficiency of transcripts containing 5′ UTRb is 10 times lower than that of transcripts containing 5′ UTRa (54).

TGF-β3. *TGF-β3* mRNA includes a 1.1-kb 5′ UTR, which exerts an inhibitory effect on translation. Many human breast cancer cell lines contain a novel *TGF-β3* transcript with a 5′ UTR that is 870 nucleotides shorter and has a 7-fold greater translational efficiency than the normal *TGF-β3* mRNA (55).

Alternate Polyadenylation Sites. Multiple polyadenylation signals leading to the generation of several transcripts with differing 3′ UTR have been described for several mRNA species, such as the *RET* proto-oncogene (56), *ATM* gene (52), tissue inhibitor of metalloproteinases-3 (57), *RHOA* proto-oncogene (58), and calmodulin-I (59). Although the effect of these alternate 3′ UTRs on translation is not yet known, they may be important in RNA-protein interactions that affect translational recruitment. The role of these alterations in cancer development and progression is unknown.

Alterations in the Components of the Translation Machinery

Alterations in the components of translation machinery can take many forms.

Overexpresssion of eIF4E. Overexpression of eIF4E causes malignant transformation in rodent cells (60) and the deregulation of HeLa cell growth (61). Polunovsky *et al.* (62) found that eIF4E overexpression substitutes for serum and individual growth factors in preserving viability of fibroblasts, which suggests that eIF4E can mediate both proliferative and survival signaling.

Elevated levels of eIF4E mRNA have been found in a broad spectrum of transformed cell lines (63). eIF4E levels are elevated in all ductal carcinoma *in situ* specimens and invasive ductal carcinomas, compared with benign breast specimens evaluated with Western blot analysis (64, 65). Preliminary studies suggest that this overexpression is attributable to gene amplification (66).

There are accumulating data suggesting that eIF4E overexpression can be valuable as a prognostic marker. eIF4E overexpression was found in a retrospective study to be a marker of poor prognosis in stages I to III breast carcinoma (67). Verification of the prognostic value of eIF4E in breast cancer is now under way in a prospective trial (67). However, in a different study, eIF4E expression was correlated with the aggressive behavior of non-Hodgkin's lymphomas (68). In a prospective analysis of patients with head and neck cancer, elevated levels of eIF4E in histologically tumor-free surgical margins predicted a significantly increased risk of local-regional recurrence (9). These results all suggest that eIF4E overexpression can be used to select patients who might benefit from more aggressive systemic therapy. Furthermore, the head and neck cancer data suggest that eIF4E overexpression is a field defect and can be used to guide local therapy.

Alterations in Other Initiation Factors. Alterations in a number of other initiation factors have been associated with cancer. Overproduction of eIF4G, similar to eIF4E, leads to malignant transformation *in vitro* (69). eIF-2α is found in increased levels in bronchioloalveolar carcinomas of the lung (3). Initiation factor eIF-4A1 is overexpressed in melanoma (70) and hepatocellular carcinoma (71). The p40 subunit of translation initiation factor 3 is amplified and overexpressed in breast and prostate cancer (72), and the eIF3-p110 subunit is overexpressed in testicular seminoma (73). The role that overexpression of these initiation factors plays on the development and progression of cancer, if any, is not known.

Overexpression of S6K. S6K is amplified and highly overexpressed in the MCF7 breast cancer cell line, compared with normal mammary epithelium (74). In a study by Barlund *et al.* (74), S6K was amplified in 59 of 668 primary breast tumors, and a statistically significant association was observed between amplification and poor prognosis.

Overexpression of PAP. PAP catalyzes 3′ poly(A) synthesis. PAP is overexpressed in human cancer cells compared with normal and virally transformed cells (75). PAP enzymatic activity in breast tumors has been correlated with PAP protein levels (76) and, in mammary tumor cytosols, was found to be an independent factor for predicting survival (76). Little is known, however, about how PAP expression or activity affects the translational profile.

Alterations in RNA-binding Proteins. Even less is known about alterations in RNA packaging in cancer. Increased expression and nuclear localization of the RNA-binding protein YB-1 are indicators of a poor prognosis for breast cancer (77), non-small cell lung cancer (78), and ovarian cancer (79). However, this effect may be mediated at least in part at the level of transcription, because YB-1 increases chemoresistance by enhancing the transcription of a multidrug resistance gene (80).

Activation of Signal Transduction Pathways

Activation of signal transduction pathways by loss of tumor suppressor genes or overexpression of certain tyrosine kinases can contribute to the growth and aggressiveness of tumors. An important mutant in human cancers is the tumor suppressor gene *PTEN*, which leads to the activation of the PI3K/Akt pathway. Activation of PI3K and Akt induces the oncogenic transformation of chicken embryo fibroblasts. The transformed cells show constitutive phosphorylation of S6K and of 4E-BP1 (81). A mutant Akt that retains kinase activity but does not phosphorylate S6K or 4E-BP1 does not transform fibroblasts, which suggests a correlation between the oncogenicity of PI3K and Akt and the phosphorylation of S6K and 4E-BP1 (81).

Several tyrosine kinases such as platelet-derived growth factor, insulin-like growth factor, HER2/neu, and epidermal growth factor receptor are overexpressed in cancer. Because these kinases activate downstream signal transduction pathways known to alter translation initiation, activation of translation is likely to contribute to the growth and aggressiveness of these tumors. Furthermore, the mRNA for many of these kinases themselves are under translational control. For example, HER2/neu mRNA is translationally controlled both by a short upstream open reading frame that represses HER2/neu translation in a cell type-independent manner and by a distinct cell type-dependent mechanism that increases translational efficiency (82). HER2/neu translation is different in transformed and normal cells. Thus, it is possible that alterations at the translational level can in part account for the discrepancy between *HER2/neu* gene amplification detected by fluorescence *in situ* hybridization and protein levels detected by immunohistochemical assays.

Translation Targets of Selected Cancer Therapy

Components of the translation machinery and signal pathways involved in the activation of translation initiation represent good targets for cancer therapy.

Targeting the mTOR Signaling Pathway: Rapamycin and Tumstatin

Rapamycin inhibits the proliferation of lymphocytes. It was initially developed as an immunosuppressive drug for organ transplantation. Rapamycin with FKBP 12 (FK506-binding protein, M_r 12,000) binds to mTOR to inhibit its function.

Rapamycin causes a small but significant reduction in the initiation rate of protein synthesis (83). It blocks cell growth in part by blocking S6 phosphorylation and selectively suppressing the translation of 5′ TOP mRNAs, such as ribosomal proteins, and elongation factors (83–85). Rapamycin also blocks 4E-BP1 phosphorylation and inhibits cap-dependent but not cap-independent translation (17, 86).

The rapamycin-sensitive signal transduction pathway, activated during malignant transformation and cancer progression, is now being studied as a target for cancer therapy (87). Prostate, breast, small cell lung, glioblastoma, melanoma, and T-cell leukemia are among the cancer lines most sensitive to the rapamycin analogue CCI-779 (Wyeth-Ayerst Research; Ref. 87). In rhabdomyosarcoma cell lines, rapamycin is either cytostatic or cytocidal, depending on the p53 status of the cell; p53 wild-type cells treated with rapamycin arrest in the G_1 phase and maintain their viability, whereas p53 mutant cells accumulate in G_1 and undergo apoptosis (88, 89). In a recently reported study using human primitive neuroectodermal tumor and medulloblastoma models, rapamycin exhibited more cytotoxicity in combination with cisplatin and camptothecin than as a single agent. *In vivo*, CCI-779 delayed growth of xenografts by 160% after 1 week of therapy and 240% after 2 weeks. A single high-dose administration caused a 37% decrease in tumor volume. Growth inhibition *in vivo* was 1.3 times greater, with cisplatin in combination with CCI-779 than with cisplatin alone (90). Thus, preclinical studies suggest that rapamycin analogues are useful as single agents and in combination with chemotherapy.

Rapamycin analogues CCI-779 and RAD001 (Novartis, Basel, Switzerland) are now in clinical trials. Because of the known effect of rapamycin on lymphocyte proliferation, a potential problem with rapamycin analogues is immunosuppression. However, although prolonged immunosuppression can result from rapamycin and CCI-779 administered on continuous-dose schedules, the immunosuppressive effects of rapamycin analogues resolve in ~24 h after therapy (91). The principal toxicities of CCI-779 have included dermatological toxicity, myelosuppression, infection, mucositis, diarrhea, reversible elevations in liver function tests, hyperglycemia, hypokalemia, hypocalcemia, and depression (87, 92–94). Phase II trials of CCI-779 have been conducted in advanced renal cell carcinoma and in stage III/IV breast carcinoma patients who failed with prior chemotherapy. In the results reported in abstract form, although there were no complete responses, partial responses were documented in both renal cell carcinoma and in breast carcinoma (94, 95). Thus, CCI-779 has documented preliminary clinical activity in a previously treated, unselected patient population.

Active investigation is under way into patient selection for mTOR inhibitors. Several studies have found an enhanced efficacy of CCI-779 in PTEN-null tumors (30, 96). Another study found that six of eight breast cancer cell lines were responsive to CCI-779, although only two of these lines lacked PTEN (97) There was, however, a positive correlation between Akt activation and CCI-779 sensitivity (97). This correlation suggests that activation of the PI3K-Akt pathway,

regardless of whether it is attributable to a PTEN mutation or to overexpression of receptor tyrosine kinases, makes cancer cell amenable to mTOR-directed therapy. In contrast, lower levels of the target of mTOR, 4E-BP1, are associated with rapamycin resistance; thus, a lower 4E-BP1/eIF4E ratio may predict rapamycin resistance (98).

Another mode of activity for rapamycin and its analogues appears to be through inhibition of angiogenesis. This activity may be both through direct inhibition of endothelial cell proliferation as a result of mTOR inhibition in these cells or by inhibition of translation of such proangiogenic factors as vascular endothelial growth factor in tumor cells (99, 100).

The angiogenesis inhibitor tumstatin, another anticancer drug currently under study, was also found recently to inhibit translation in endothelial cells (101). Through a requisite interaction with integrin, tumstatin inhibits activation of the PI3K/Akt pathway and mTOR in endothelial cells and prevents dissociation of eIF4E from 4E-BP1, thereby inhibiting cap-dependent translation. These findings suggest that endothelial cells are especially sensitive to therapies targeting the mTOR-signaling pathway.

Targeting eIF2α: EPA, Clotrimazole, mda-7, and Flavonoids

EPA is an n-3 polyunsaturated fatty acid found in the fish-based diets of populations having a low incidence of cancer (102). EPA inhibits the proliferation of cancer cells (103), as well as in animal models (104, 105). It blocks cell division by inhibiting translation initiation (105). EPA releases Ca^{2+} from intracellular stores while inhibiting their refilling, thereby activating PKR. PKR, in turn phosphorylates and inhibits eIF2α, resulting in the inhibition of protein synthesis at the level of translation initiation. Similarly, clotrimazole, a potent antiproliferative agent *in vitro* and *in vivo*, inhibits cell growth through depletion of Ca^{2+} stores, activation of PKR, and phosphorylation of eIF2α (106). Consequently, clotrimazole preferentially decreases the expression of cyclins A, E, and D1, resulting in blockage of the cell cycle in G_1.

mda-7 is a novel tumor suppressor gene being developed as a gene therapy agent. Adenoviral transfer of *mda-7* (Ad-mda7) induces apoptosis in many cancer cells including breast, colorectal, and lung cancer (107–109). Ad-mda7 also induces and activates PKR, which leads to phosphorylation of eIF2α and induction of apoptosis (110).

Flavonoids such as genistein and quercetin suppress tumor cell growth. All three mammalian eIF2α kinases, PKR, heme-regulated inhibitor, and PERK/PEK, are activated by flavonoids, with phosphorylation of eIF2α and inhibition of protein synthesis (111).

Targeting eIF4A and eIF4E: Antisense RNA and Peptides

Antisense expression of eIF4A decreases the proliferation rate of melanoma cells (112). Sequestration of eIF4E by overexpression of 4E-BP1 is proapoptotic and decreases tumorigenicity (113, 114). Reduction of eIF4E with antisense RNA decreases soft agar growth, increases tumor latency, and increases the rates of tumor doubling times (7). Antisense eIF4E RNA treatment also reduces the expression of angiogenic factors (115) and has been proposed as a potential adjuvant therapy for head and neck cancers, particularly when elevated eIF4E is found in surgical margins. Small molecule inhibitors that bind the eIF4G/4E-BP1-binding domain of eIF4E are proapoptotic (116) and are also being actively pursued.

Exploiting Selective Translation for Gene Therapy

A different therapeutic approach that takes advantage of the enhanced cap-dependent translation in cancer cells is the use of gene therapy vectors encoding suicide genes with highly structured 5′ UTR. These mRNA would thus be at a competitive disadvantage in normal cells and not translate well, whereas in cancer cells, they would translate more efficiently. For example, the introduction of the 5′ UTR of fibroblast growth factor-2 5′ to the coding sequence of *herpes simplex virus type-1 thymidine kinase* gene, allows for selective translation of *herpes simplex virus type-1 thymidine kinase* gene in breast cancer cell lines compared with normal mammary cell lines and results in selective sensitivity to ganciclovir (117).

Toward the Future

Translation is a crucial process in every cell. However, several alterations in translational control occur in cancer. Cancer cells appear to need an aberrantly activated translational state for survival, thus allowing the targeting of translation initiation with surprisingly low toxicity. Components of the translational machinery, such as eIF4E, and signal transduction pathways involved in translation initiation, such mTOR, represent promising targets for cancer therapy. Inhibitors of the mTOR have already shown some preliminary activity in clinical trials. It is possible that with the development of better predictive markers and better patient selection, response rates to single-agent therapy can be improved. Similar to other cytostatic agents, however, mTOR inhibitors are most likely to achieve clinical utility in combination therapy. In the interim, our increasing understanding of translation initiation and signal transduction pathways promise to lead to the identification of new therapeutic targets in the near future.

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